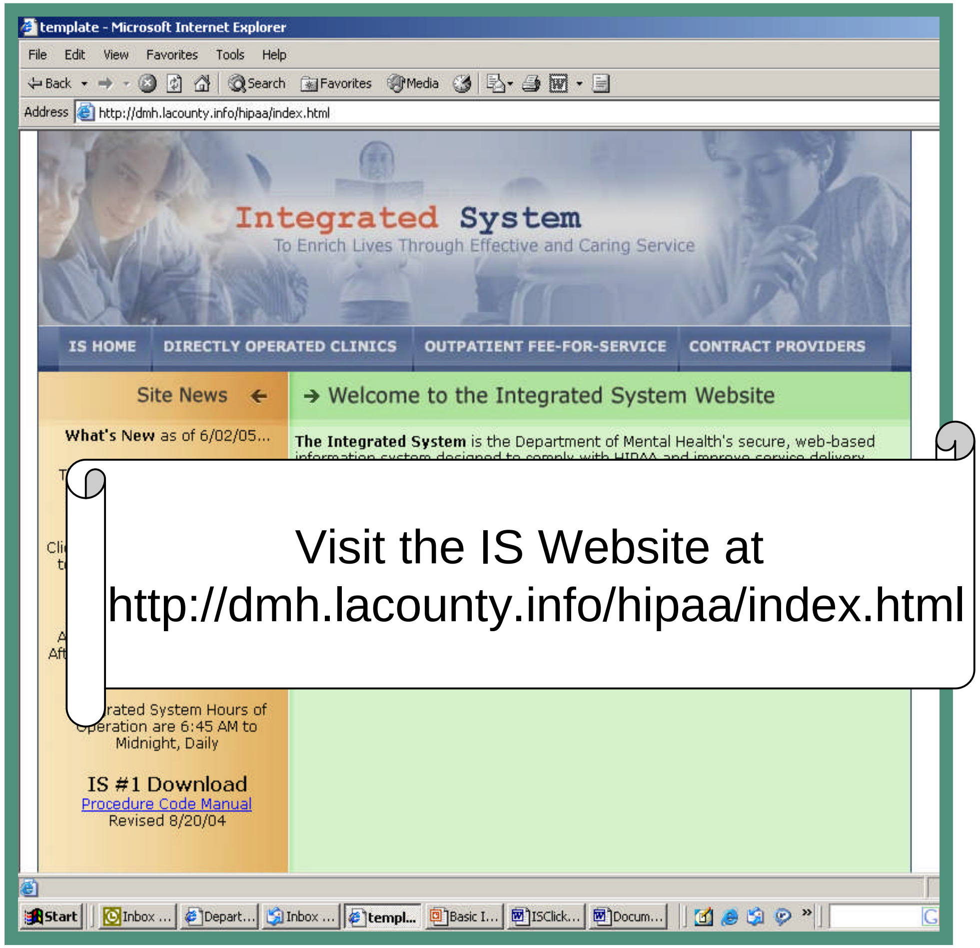
Basic Integrated System (IS) Training

Things to Keep in Mind

- All Patient Health Information (PHI), in this manual, is fictitious.
- Remember to use the help (?) icon.
- It is recommended that you understand the billing processes before using the IS.
- To return to the previous screen, always click on the Return button, under Options.
- Italicized fields must be completed.
- Dates must be entered as: 00/00/0000
- You will be logged off every 15 minutes when not using the system; you will have to click on the Home page to log back in.
- It is strongly recommended that you attend the PATS training on medications.
- You only have access to the Home and Clinical pages of the System
- MIS, IS, and DMH number are all the same.



Basic IS Training

1. Log in
2. Find a Client
3. Add a Client: Identification Screen
4. Add a Client: Contacts Screen
5. Add a Client: Financial Screen
6. Add a Client: Other Screen
7. Open an Episode: Admission Screen
8. Open an Episode: Diagnosis Screen
9. Add Services
10. Add a Claim, a Plan, Payer (s) and Detail Adjustments
11. Void and Replace a Claim
12. Add a Prescription: Rx Card Info, Drug Allergies Screens
13. Add a Prescription: Med Order and Write Rx Screens
14. Add a Prescription: Approval, Renew and Refill
15. Close an Open Episode: Discharge and Diagnosis Screens
16. Groups
17. Community Outreached Services (COS)

Use Keyboard Shortcuts! Avoid using the Mouse.

- The Tab key will take you through every field on the screen.
- Shift-Tab will take you backwards through those fields.
- Down Arrows and characters to go through drop-down lists.
- The Space bar will check and uncheck boxes.
- The Enter key will activate buttons.

EXERCISE 1

Log In:

- As a DMH Employee: https://dmhisintra.co.la.ca.us
- As a DMH Contracted Provider: http://dmh.lacounty.info/hippa/index.html
- The Home Page
- How to Set Provider Context

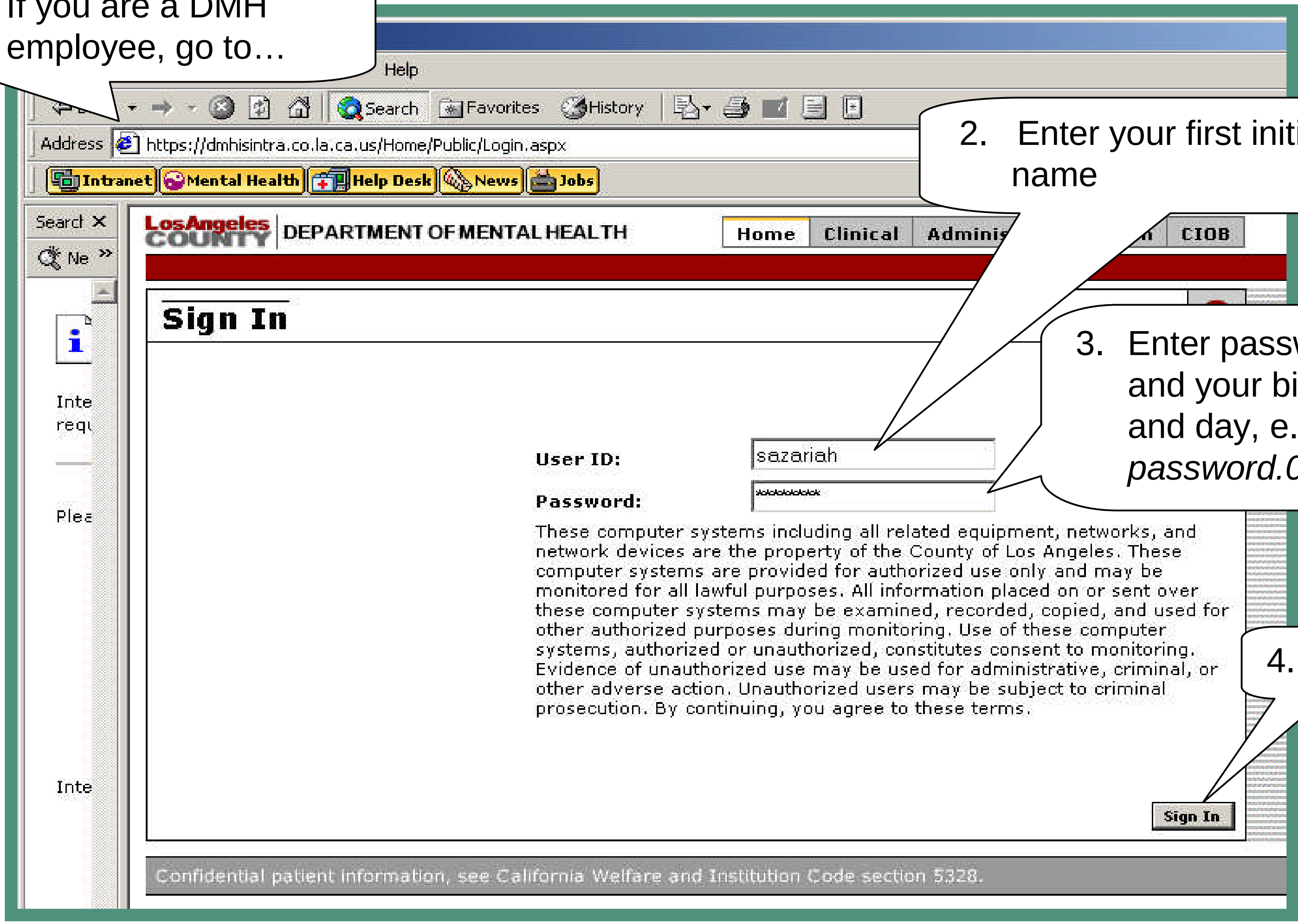
Note:

• If you are a first time user, you will be asked to change your password.

• You will then be prompted to a privacy policy statement. Click accept to proceed.

Log In – DMH Workers

1. If you are a DMH employee, go to…

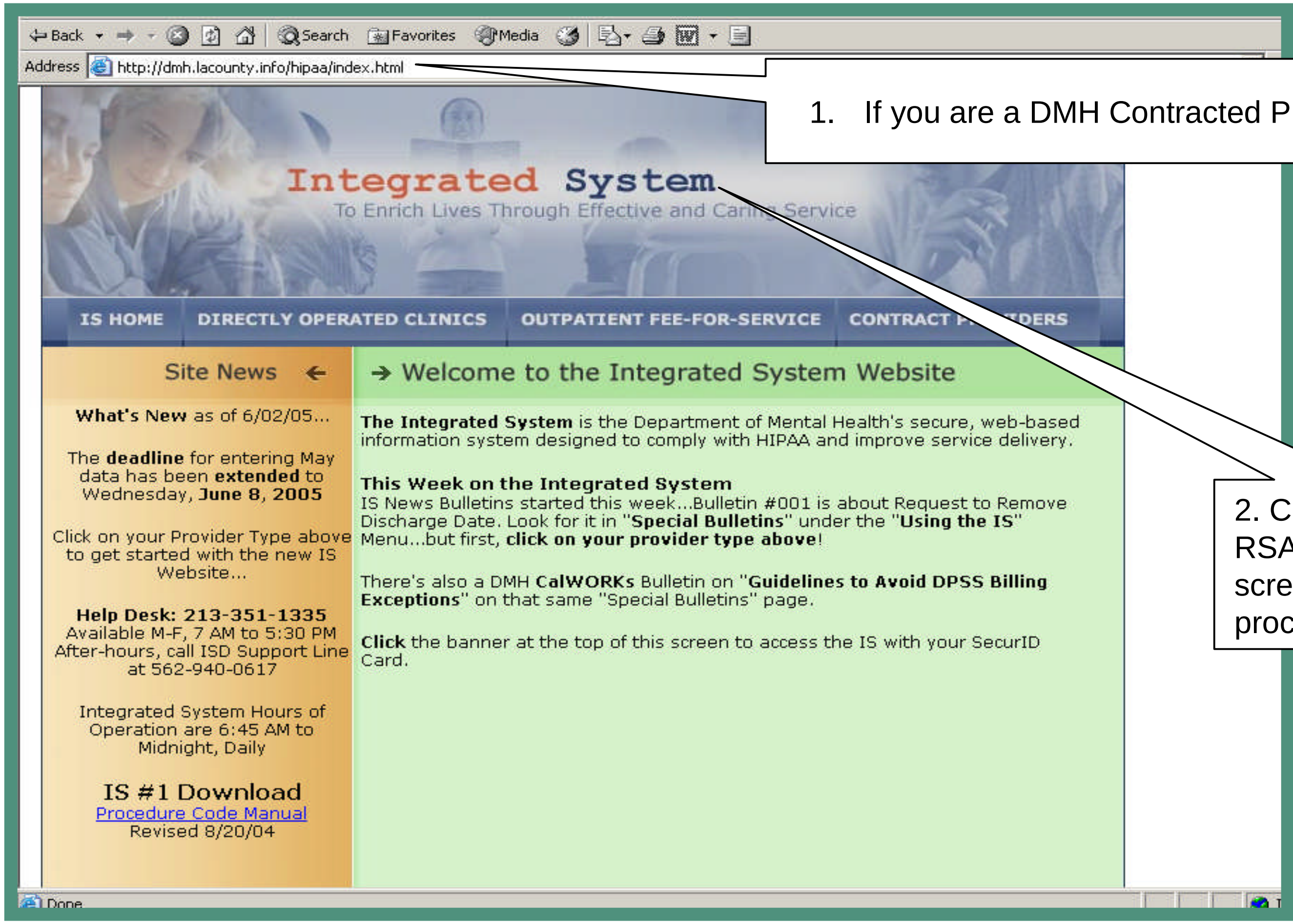


2. Enter your first initial and last name

3. Enter password, dot, and your birth month and day, e.g. *password.0104*

4. Click

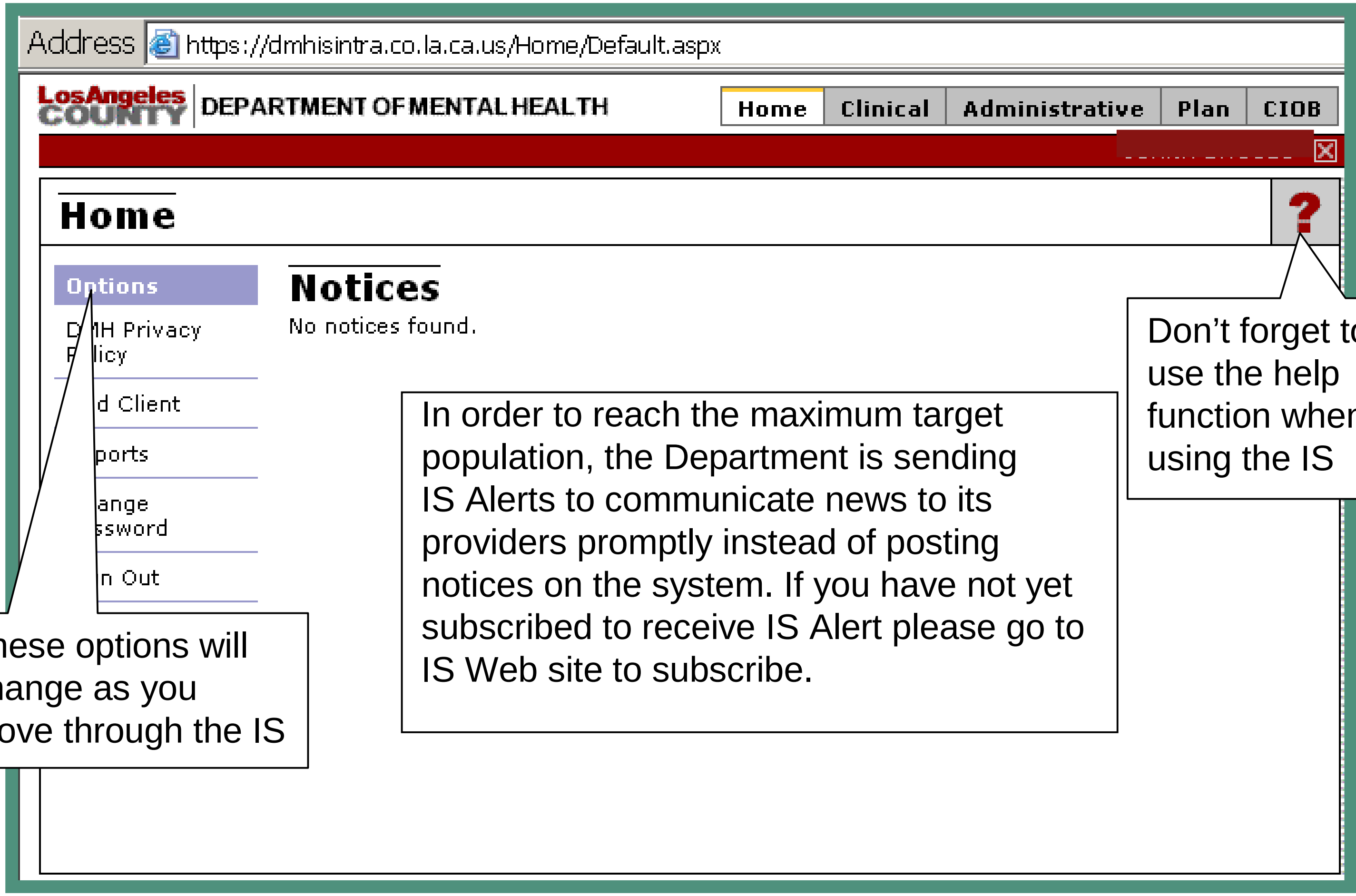
Log In with a SecurID Card



1. If you are a DMH Contracted Provider, go to

2. Click to go to the RSA SecurID logon screen and follow procedures

The Home Screen

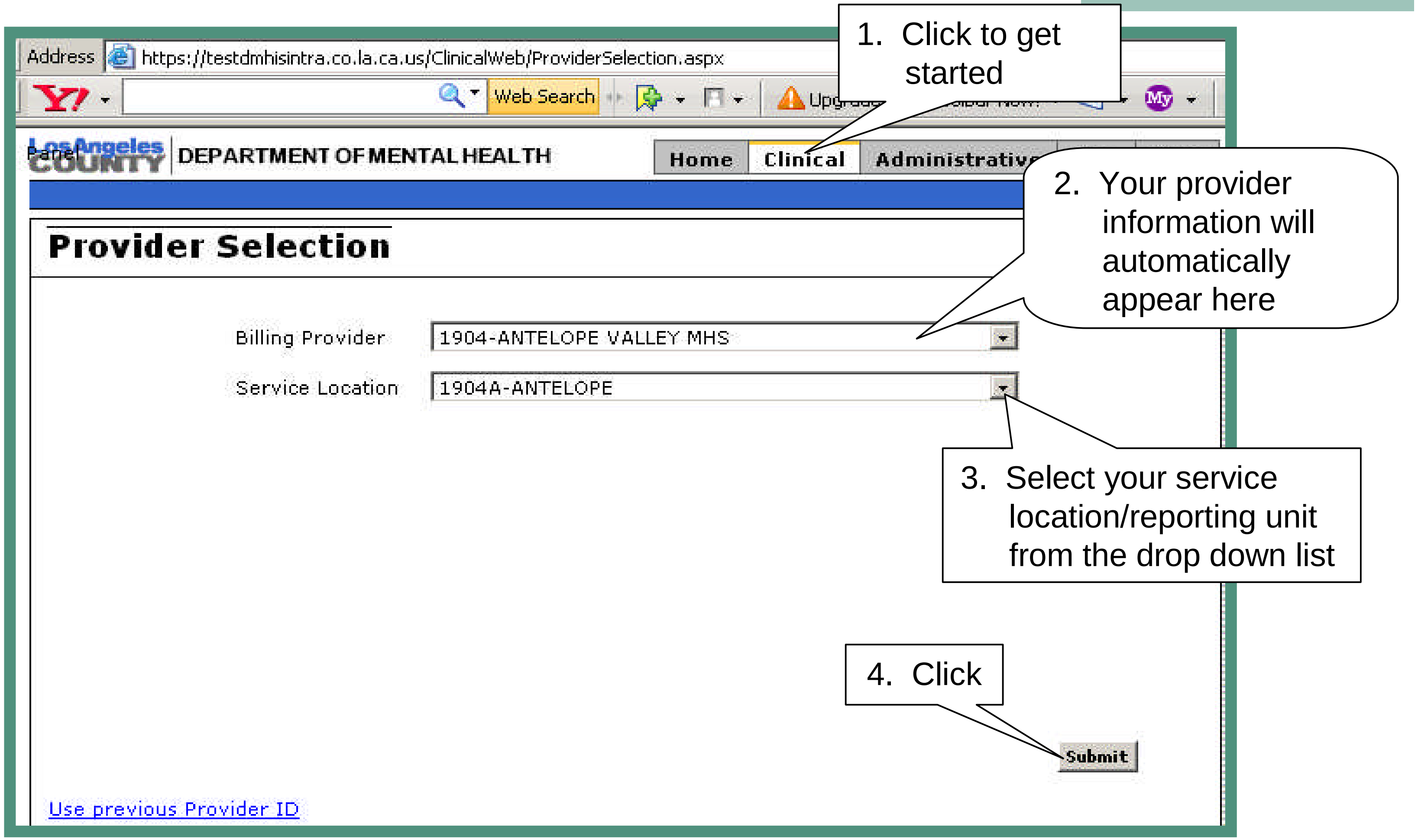


These options will change as you move through the IS

In order to reach the maximum target population, the Department is sending IS Alerts to communicate news to its providers promptly instead of posting notices on the system. If you have not yet subscribed to receive IS Alert please go to IS Web site to subscribe.

Don't forget to use the help function when using the IS

How to Set Provider Context



EXERCISE 2

Find a Client:

- Using Client List and Filter Clients
- Using Search by ID
- Using Search by Custom Criteria
- Result Screen

Find a Client: Using Client List and Filter Clients

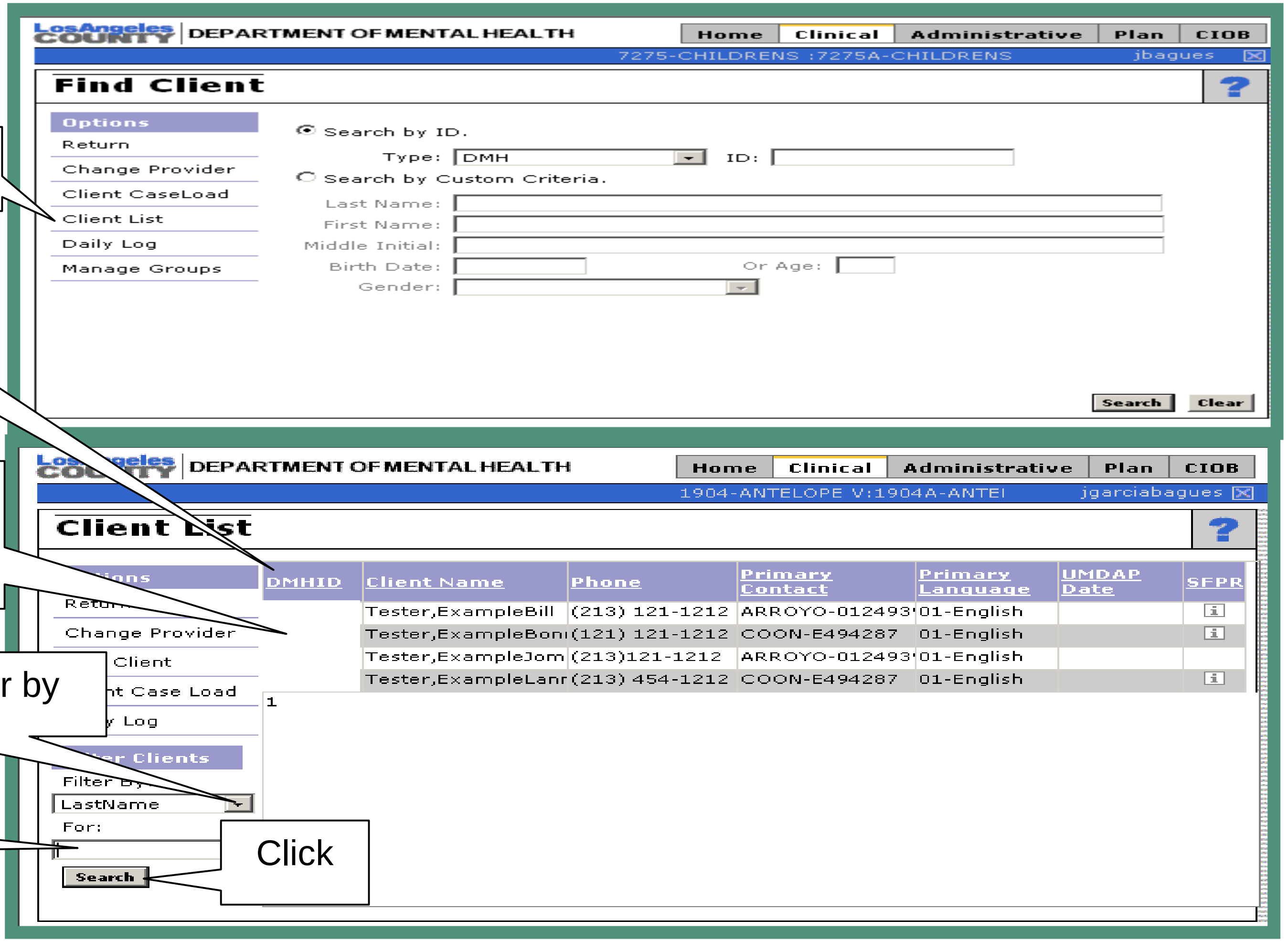
Click

Click to sort list

Click DMH ID # to view client information

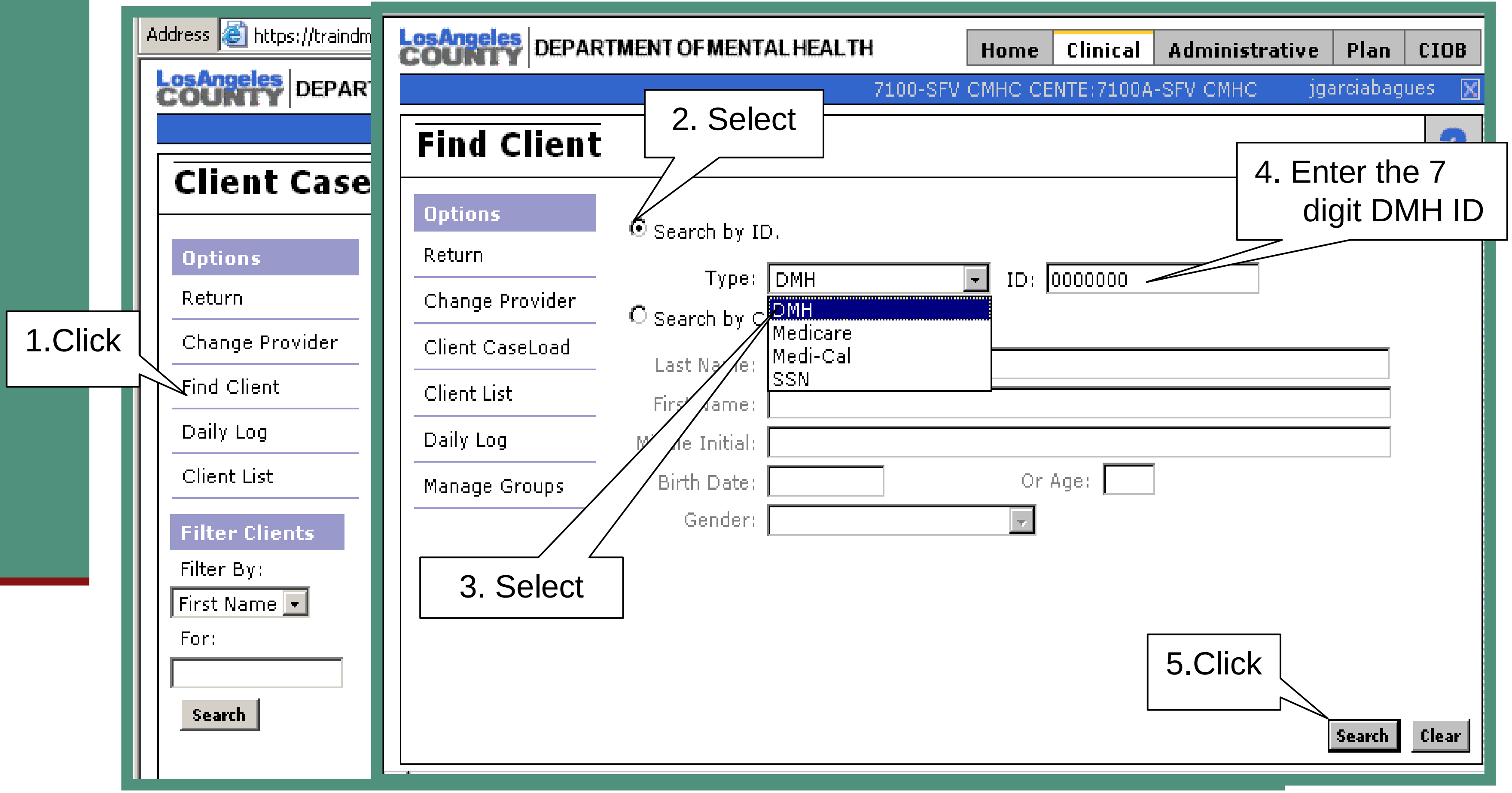
Select the field to filter by

Enter information

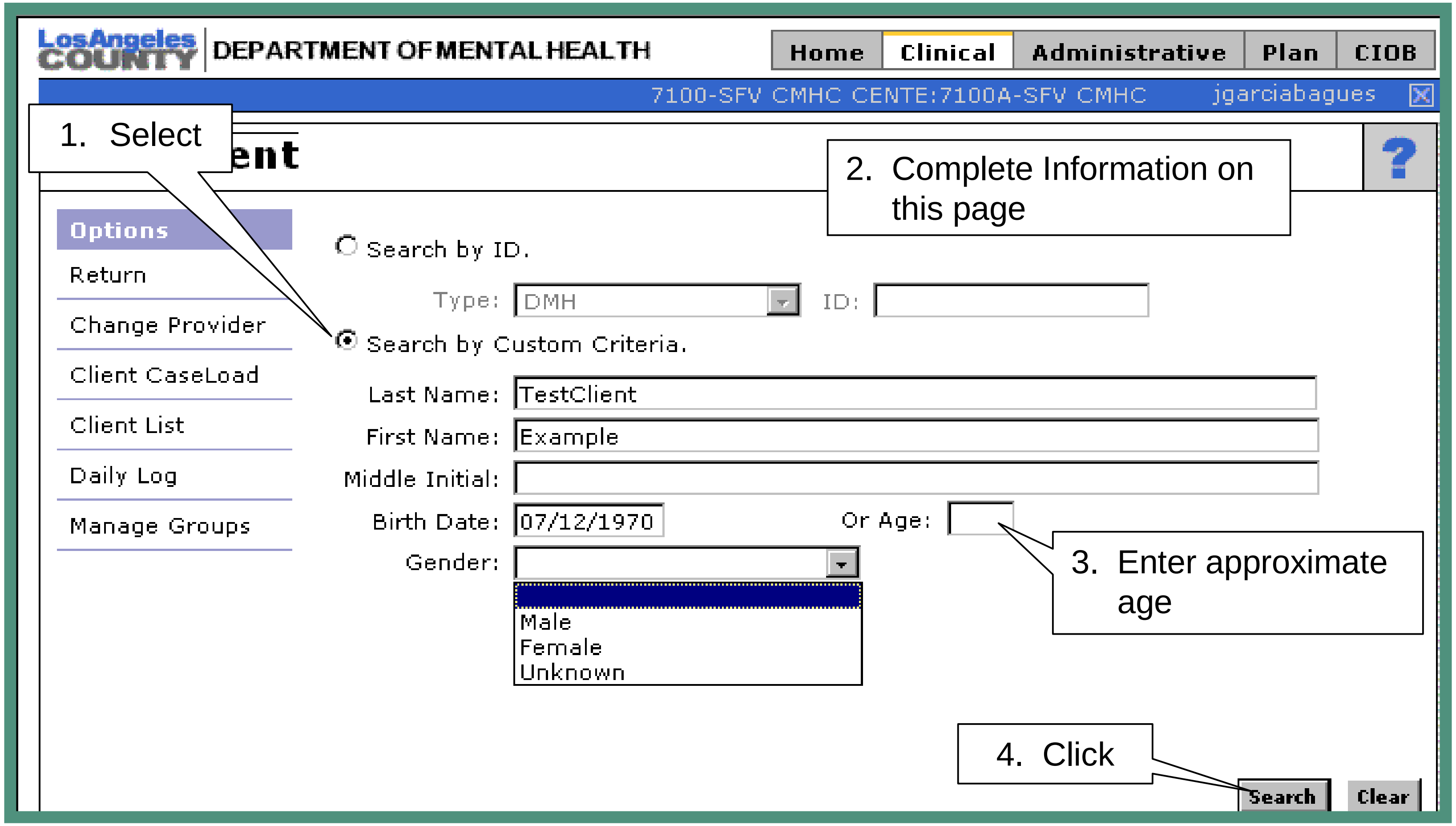


Click

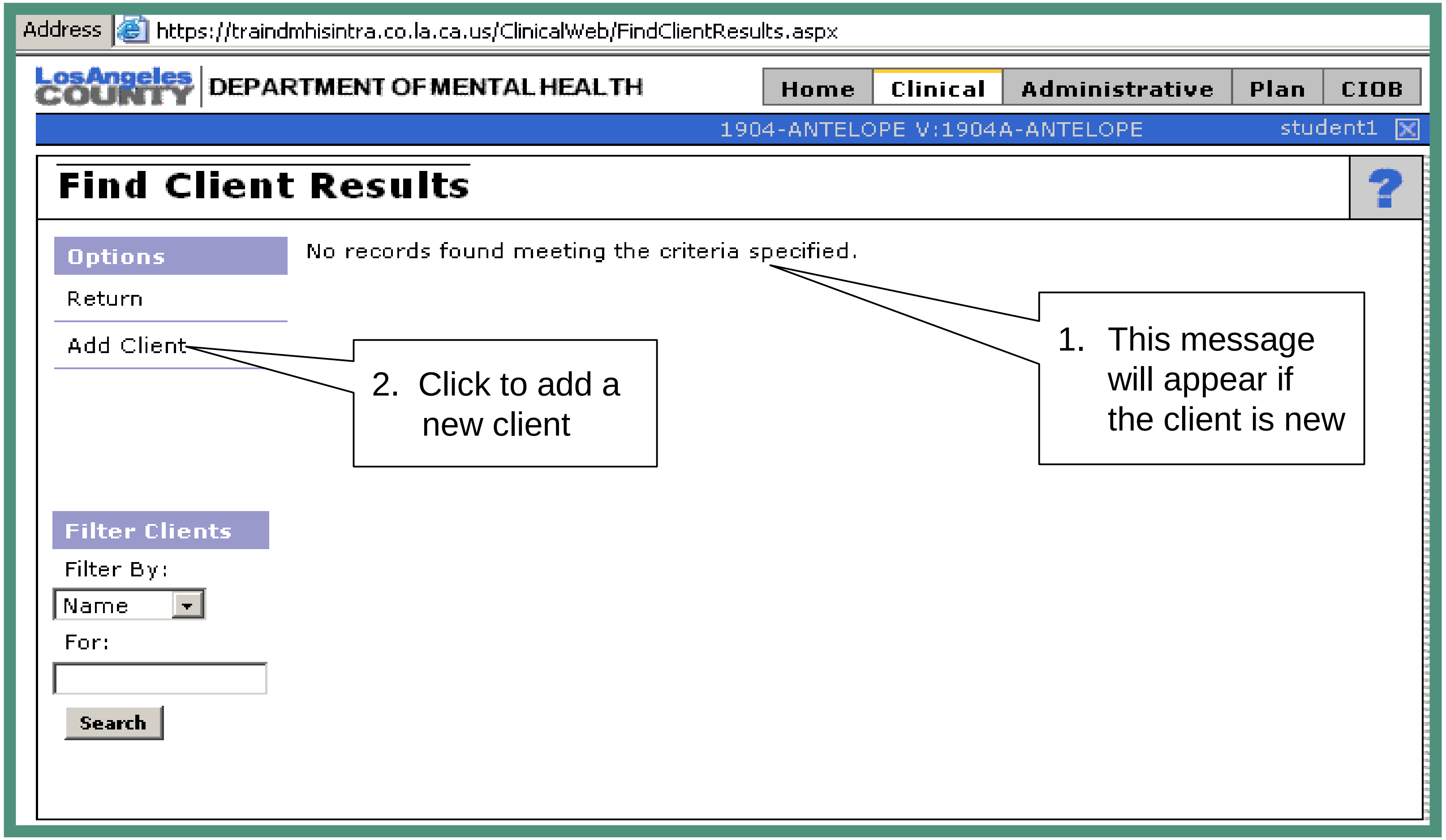
Find a Client: Using Search by ID



Find a Client: Using Search by Custom Criteria



Find a Client: Results Screen



EXERCISE 3

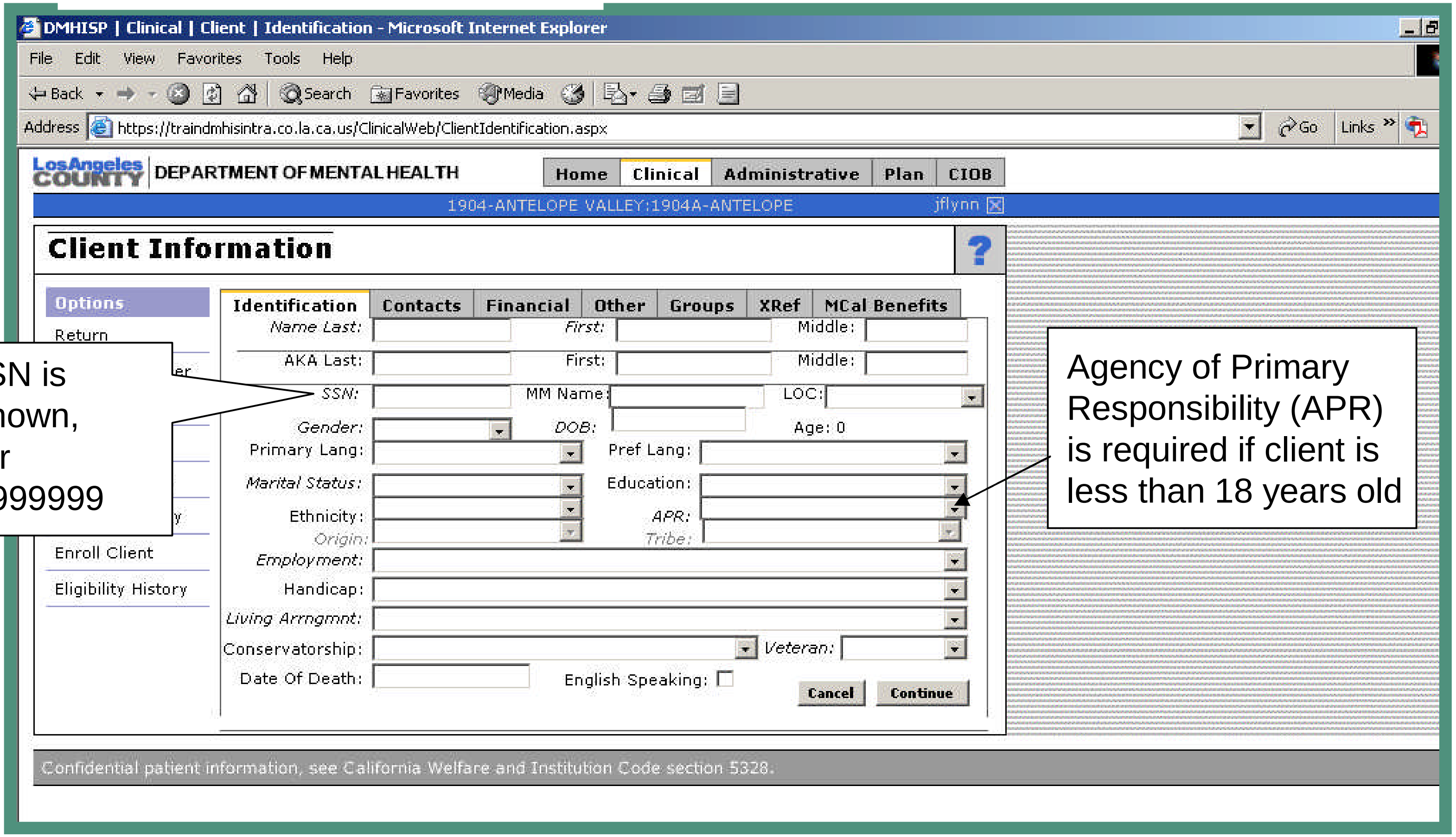
Add a Client: Identification Screen

- Enter Client Information

Note:

- You must first do a Client Search, before adding a new client.
- The system will bring-up the option to add a client only if a client does not exist.

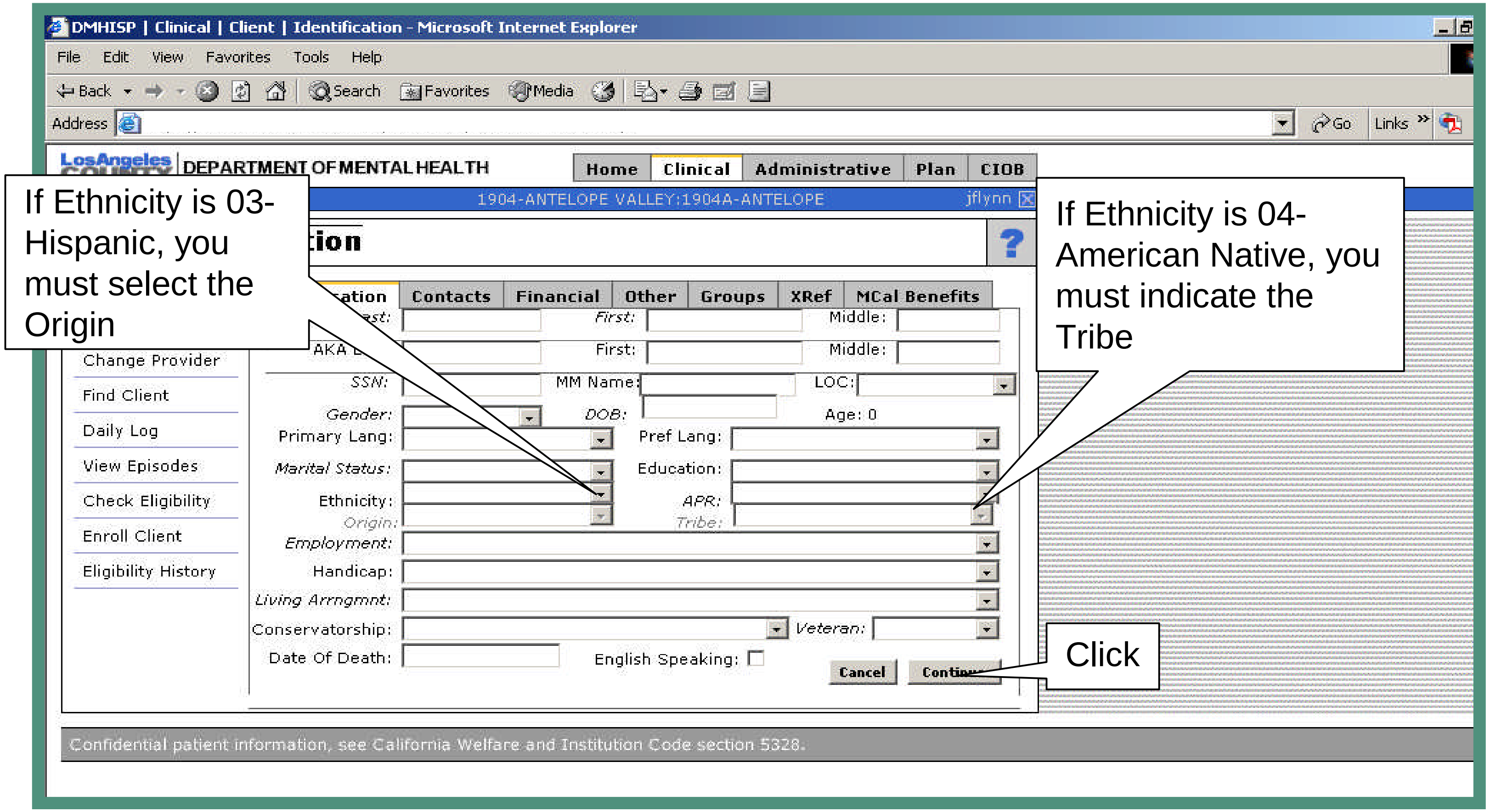
Add a Client: Information



If SSN is unknown, enter 999999999

Agency of Primary Responsibility (APR) is required if client is less than 18 years old

Add a Client: Ethnicity

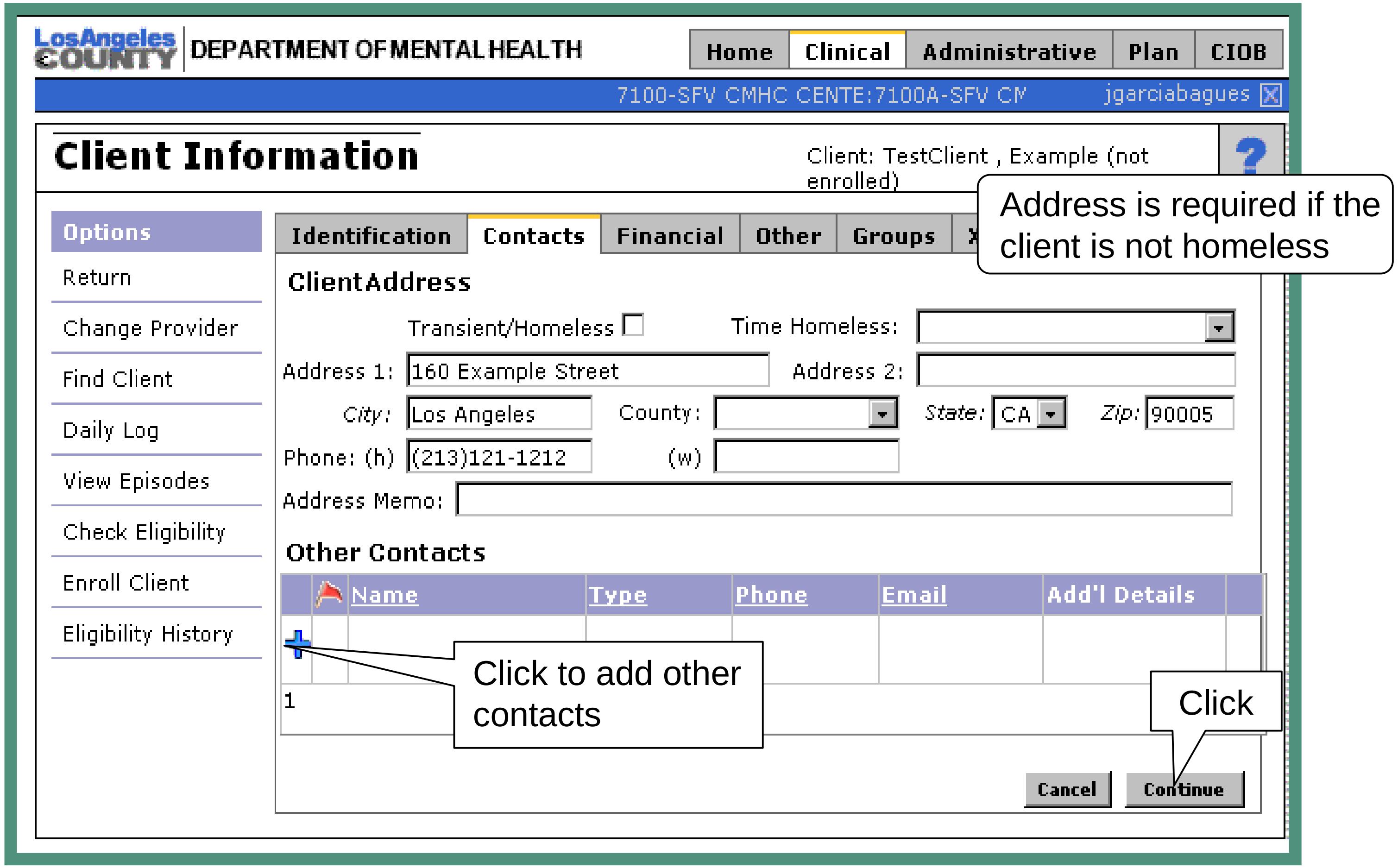


EXERCISE 4

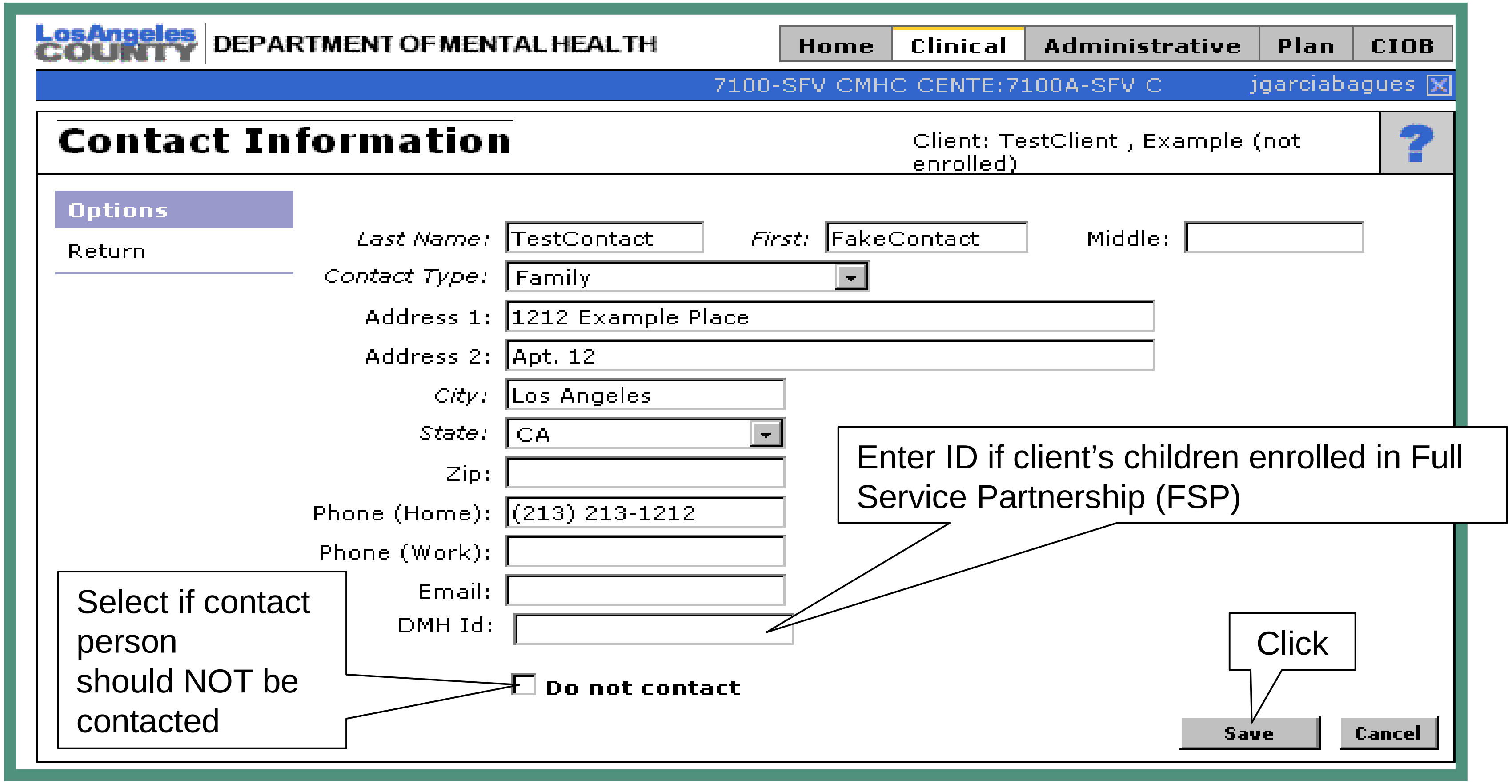
Add a Client: Contacts Screen

- Enter Client’s Contact Information
- Enter Client’s Other Contact (s) Information
- Edit Client’s Other Contact (s) information

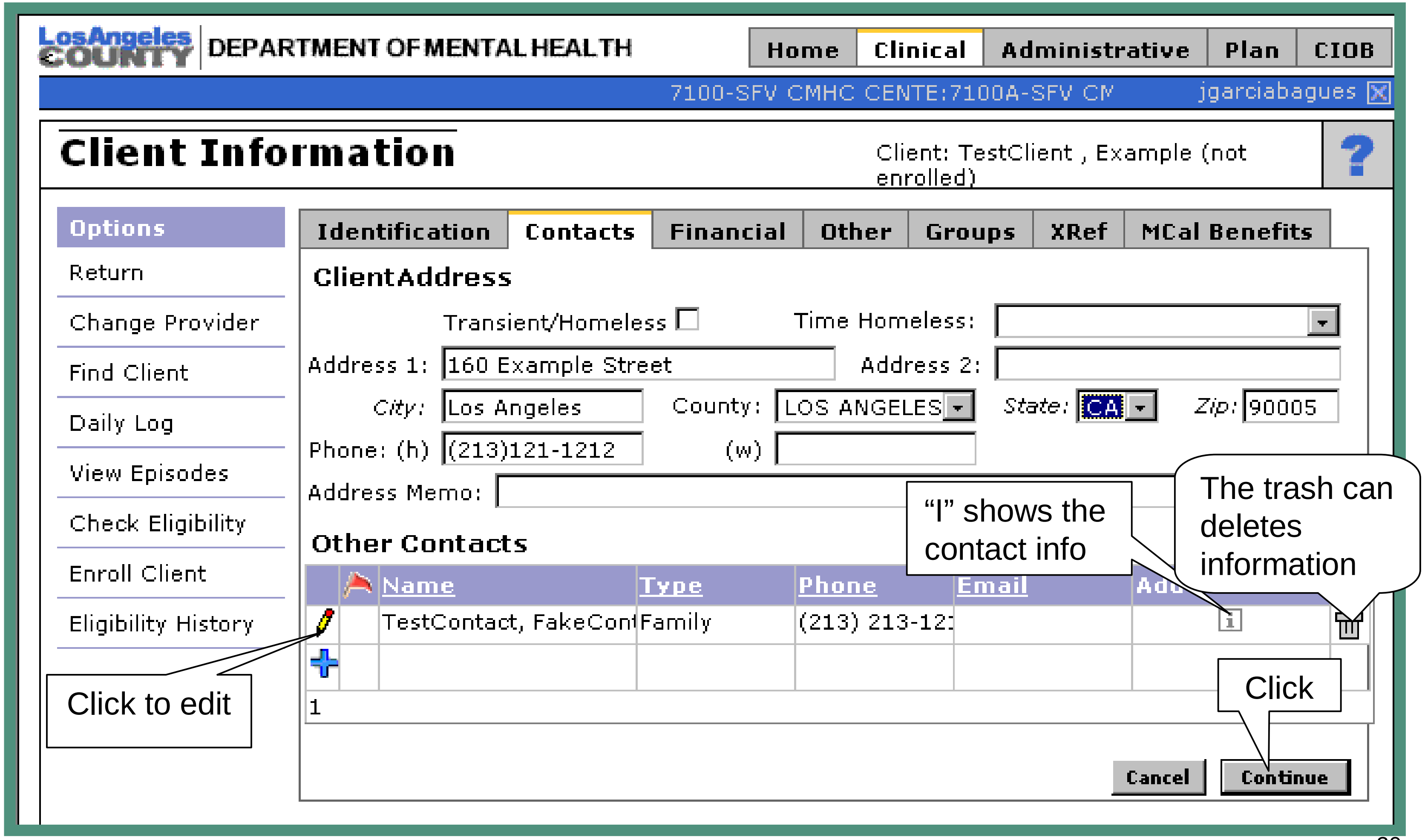
Add a Client: Contact Information



Add Client: Other Contact (s) Information



Add a Client: Edit Other Contact Information

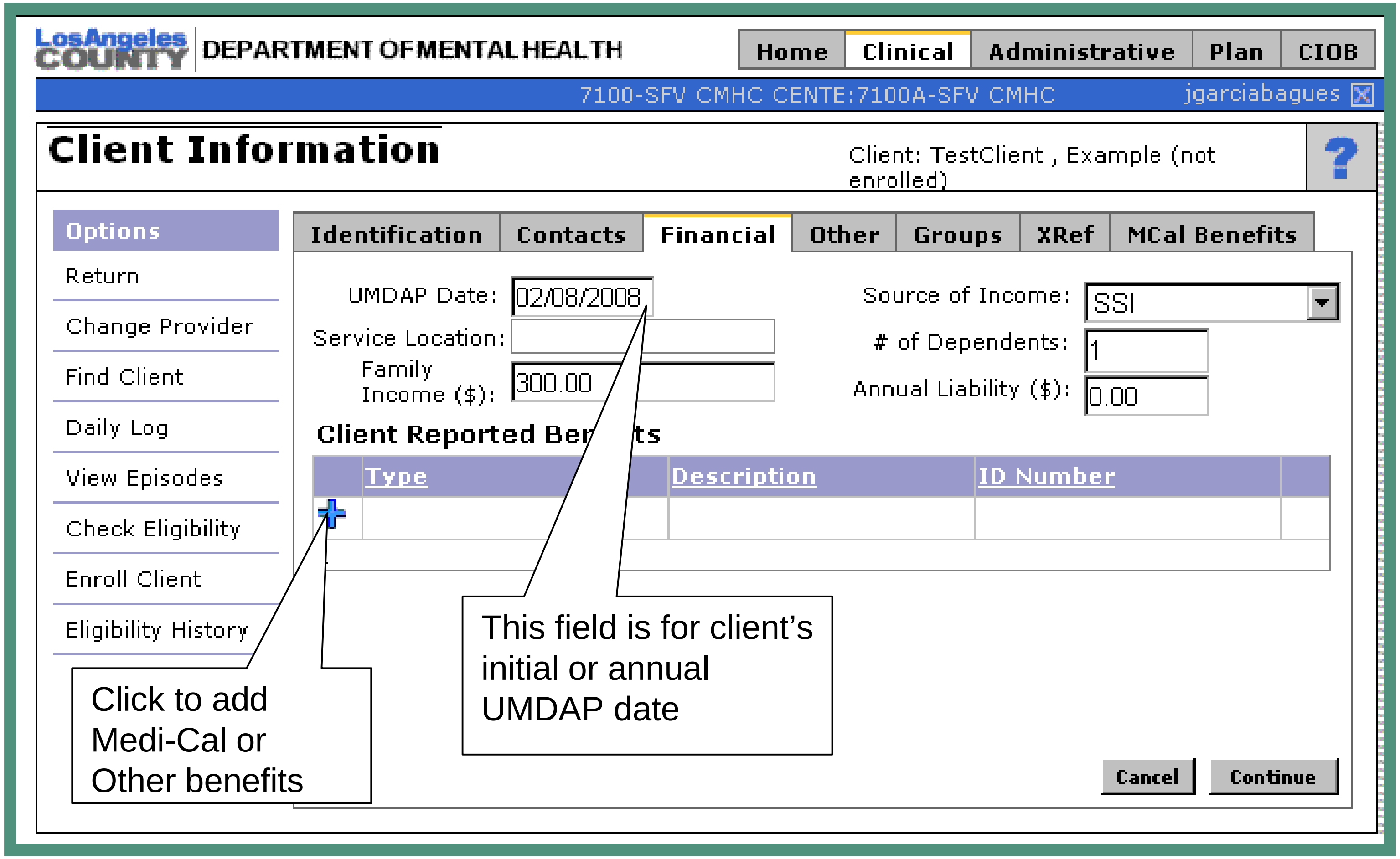


EXERCISE 5

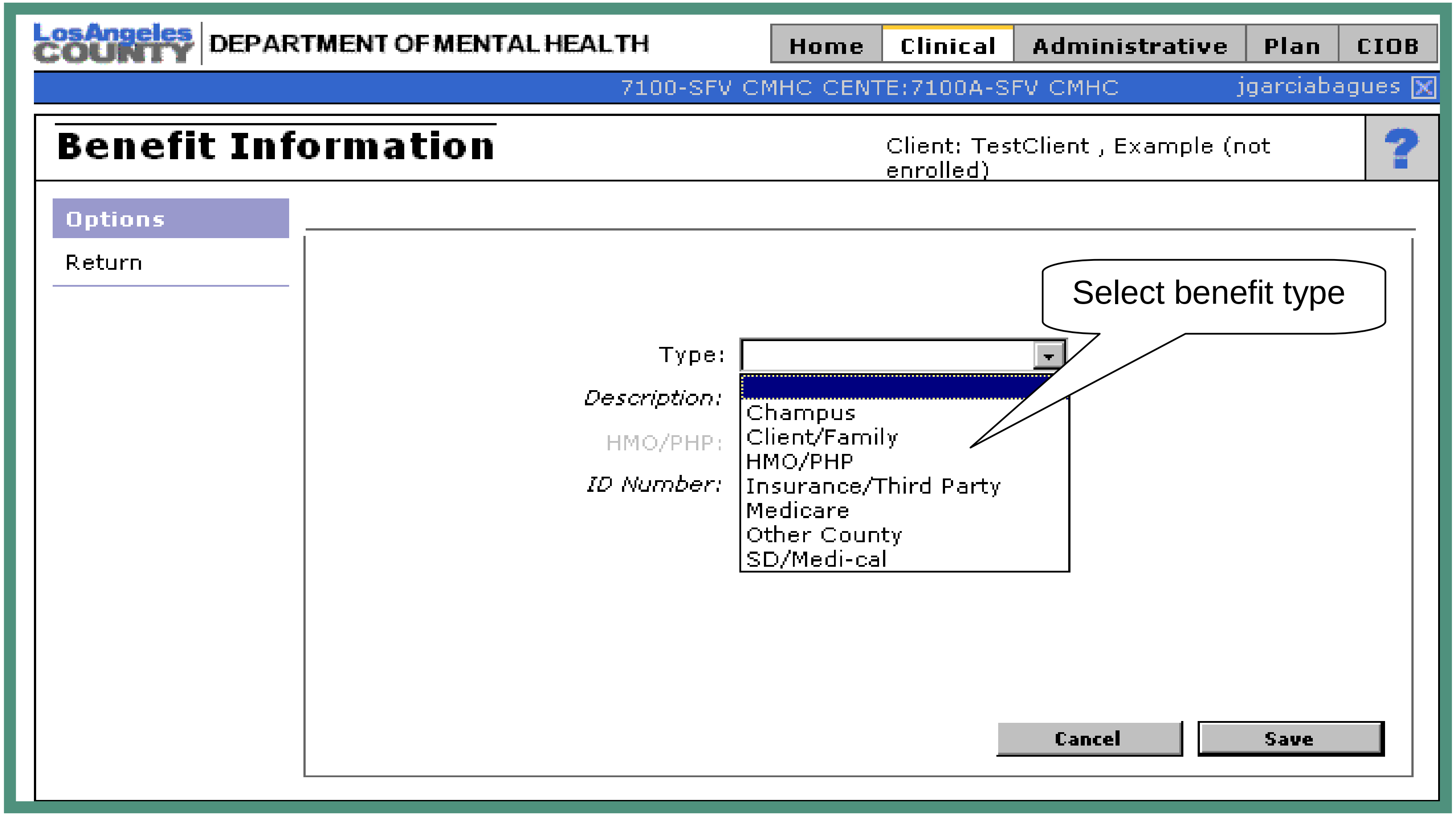
Add a Client: Financial Screen

- Enter Client’s Financial Information
- Enter Client’s Benefit Type
- Enter Client’s Benefit Information

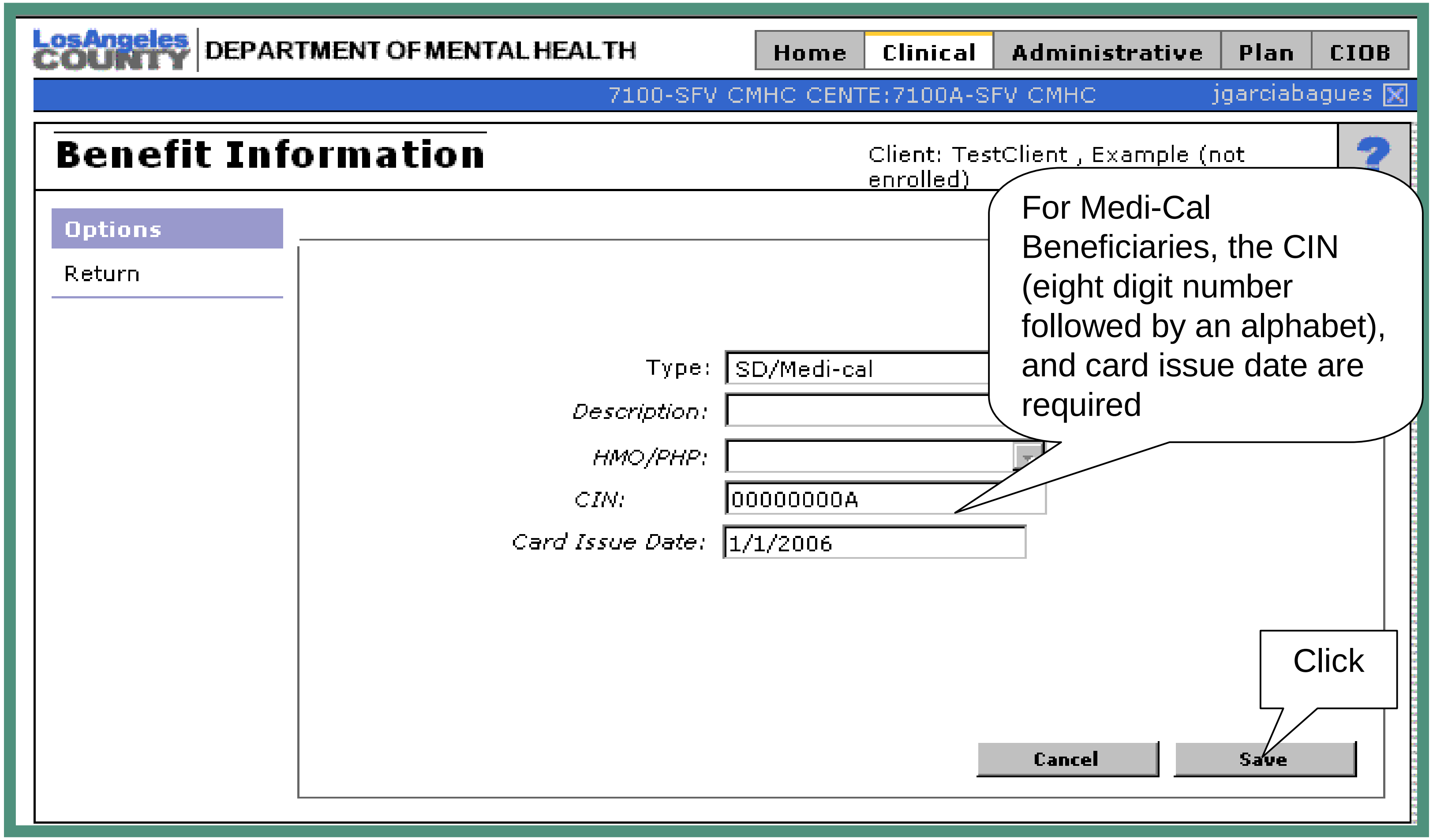
Add a Client: Financial Information



Add a Client: Benefit Information



Add a Client: Benefit Information

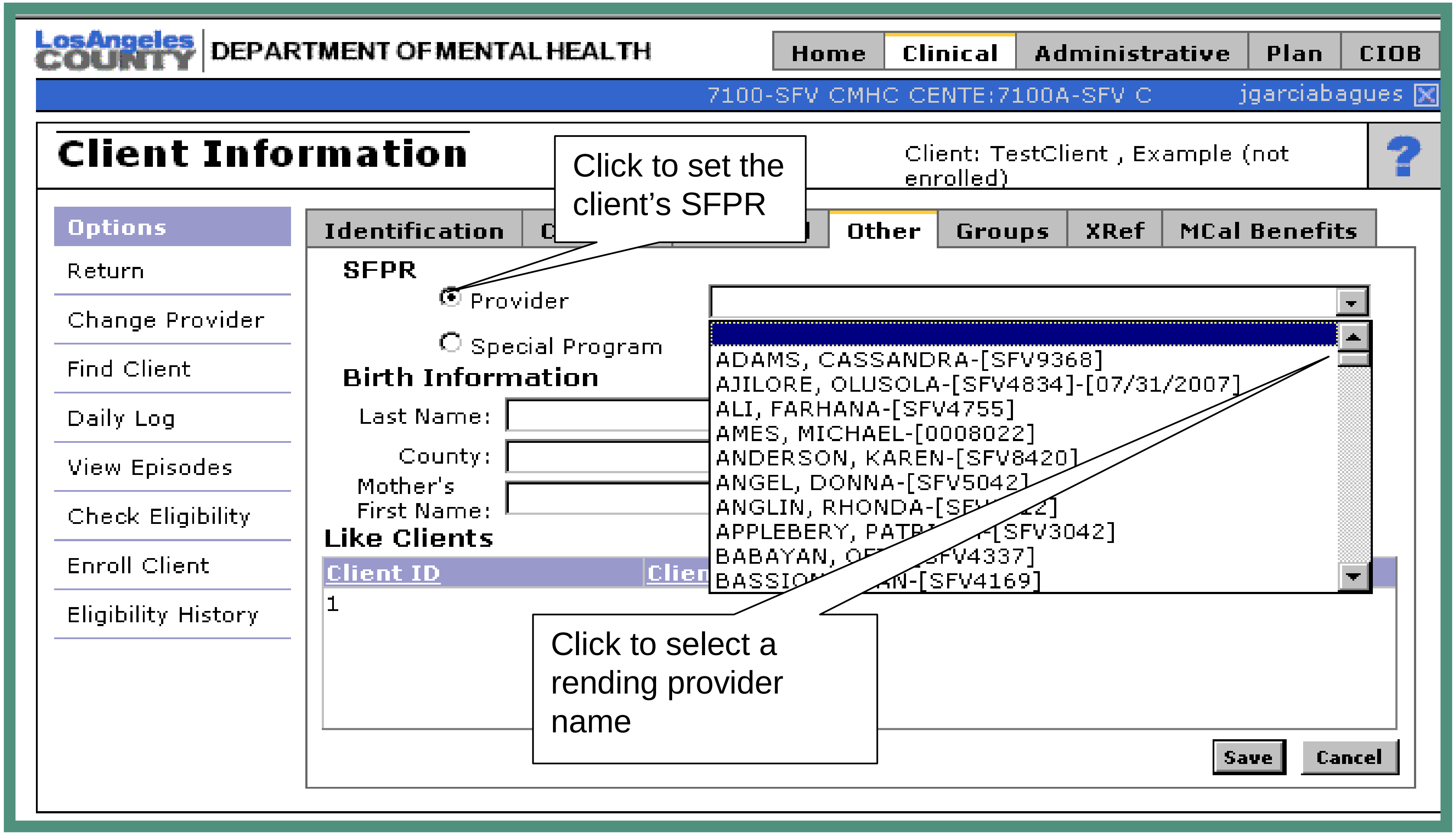


EXERCISE 6

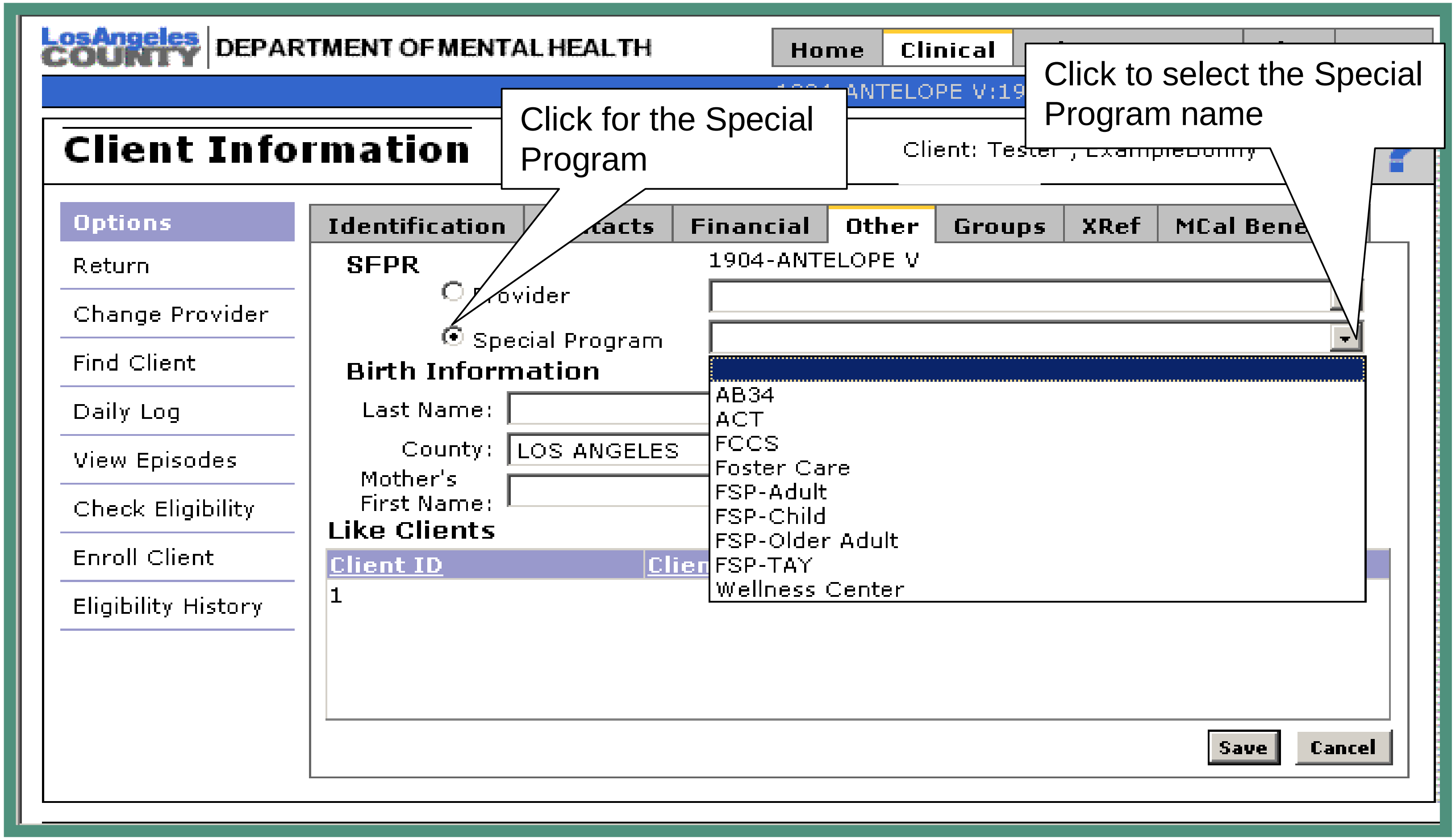
Add a Client: Other Screen

- Set the Single Fixed Point of Responsibility (SFPR) or Special Program
- Save the Client Information
- Enroll Client
- Check Eligibility

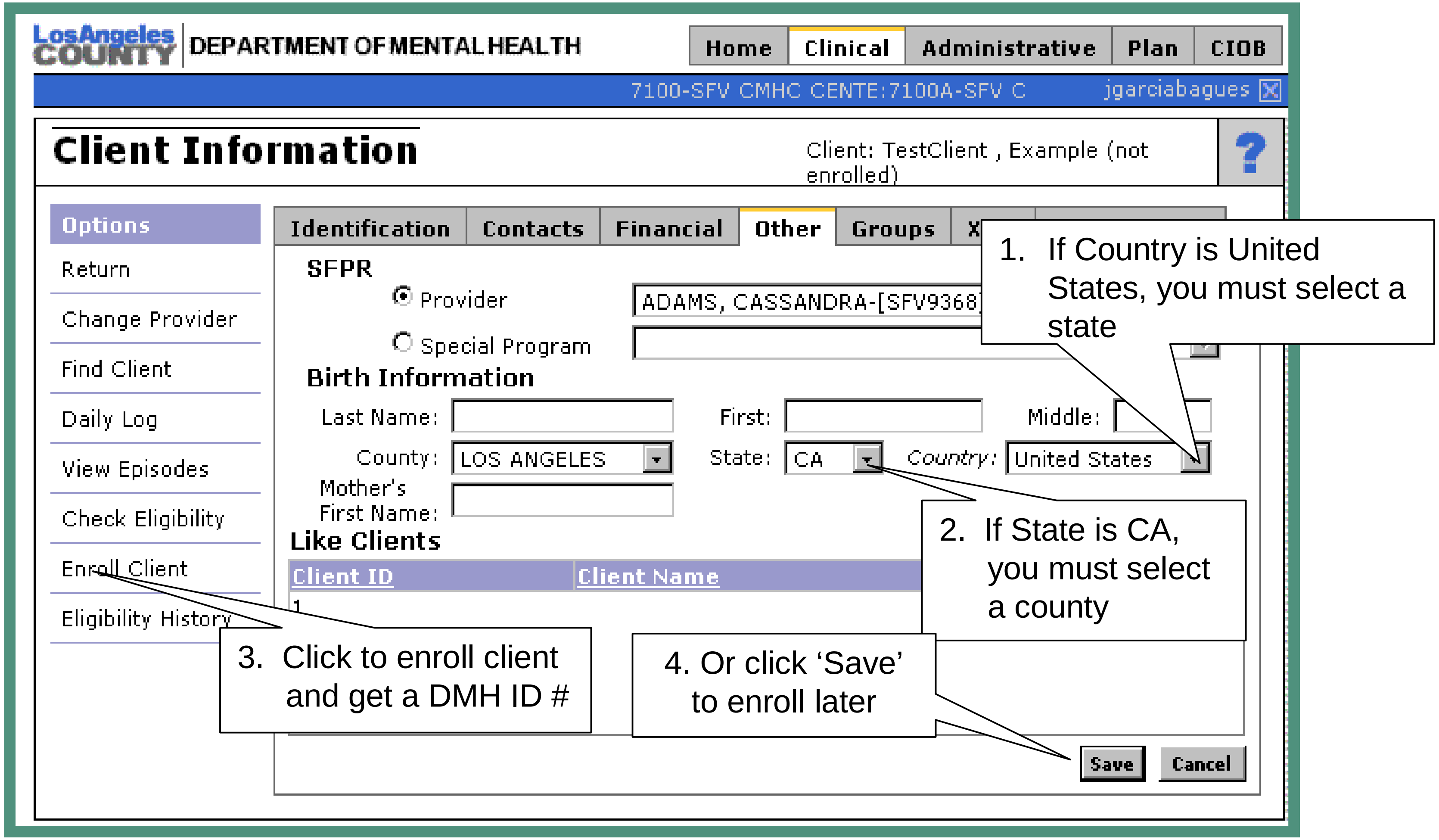
Add a Client: Other Screen



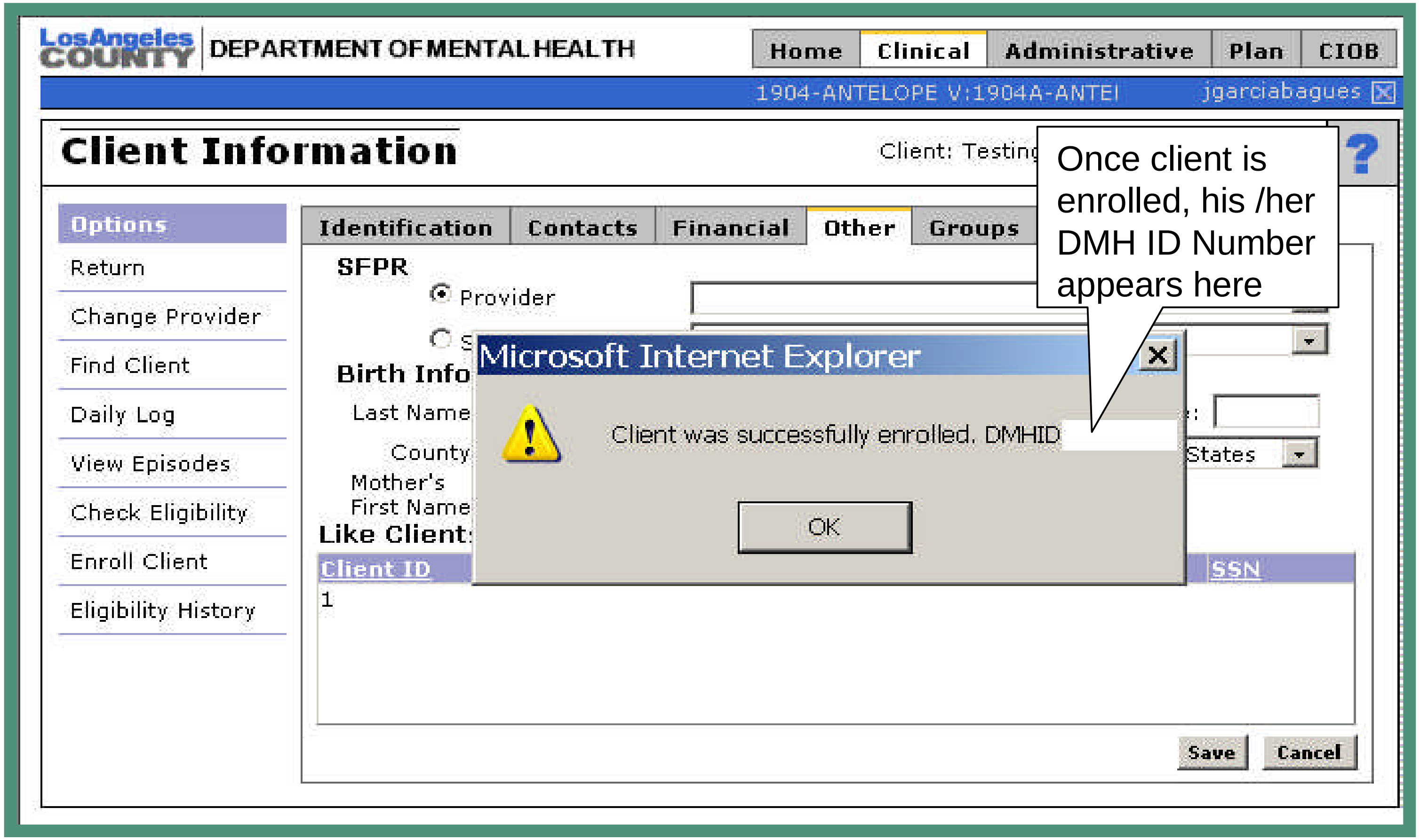
Add a Client: Other Screen



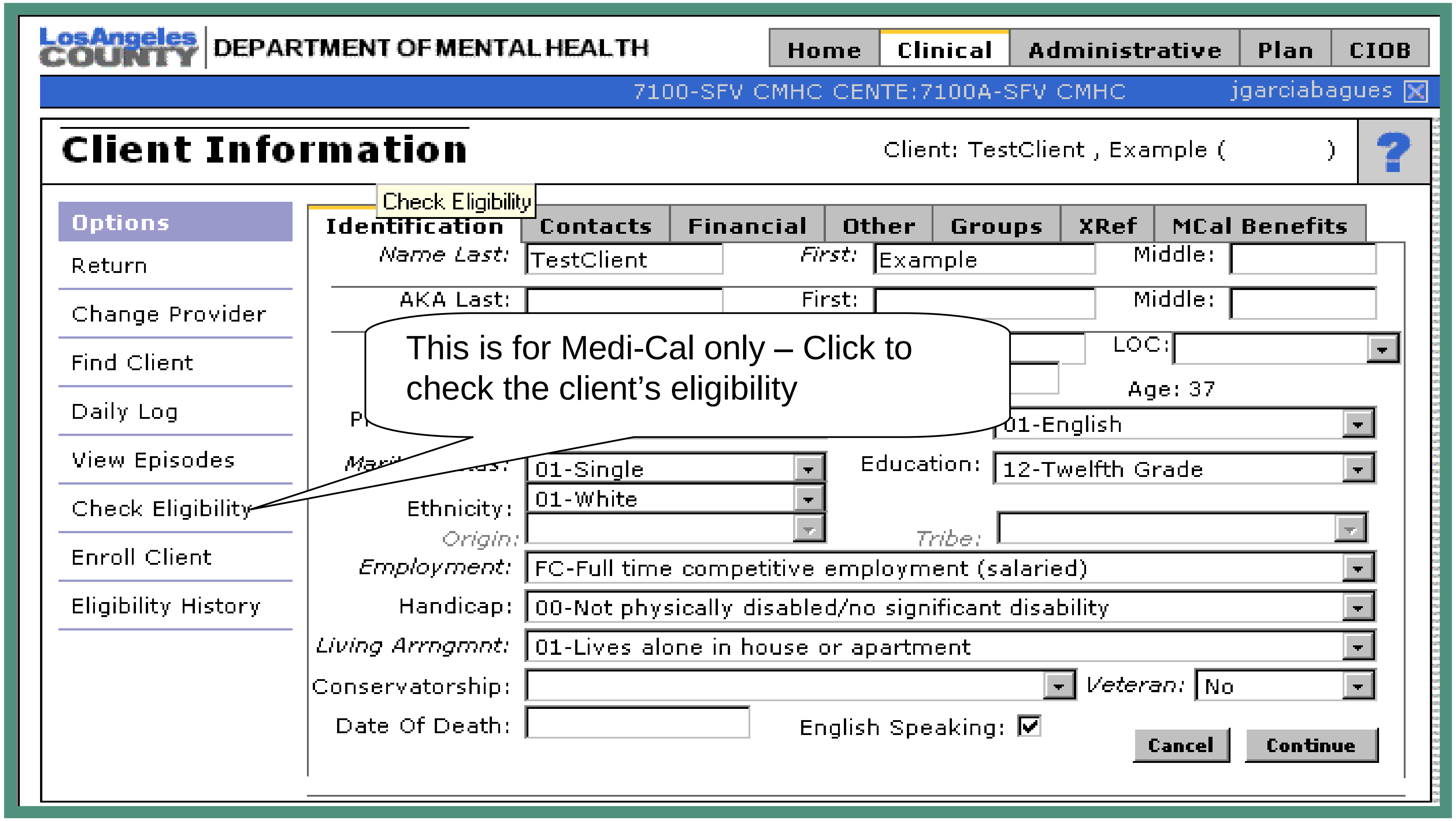
Add a Client: Other Screen



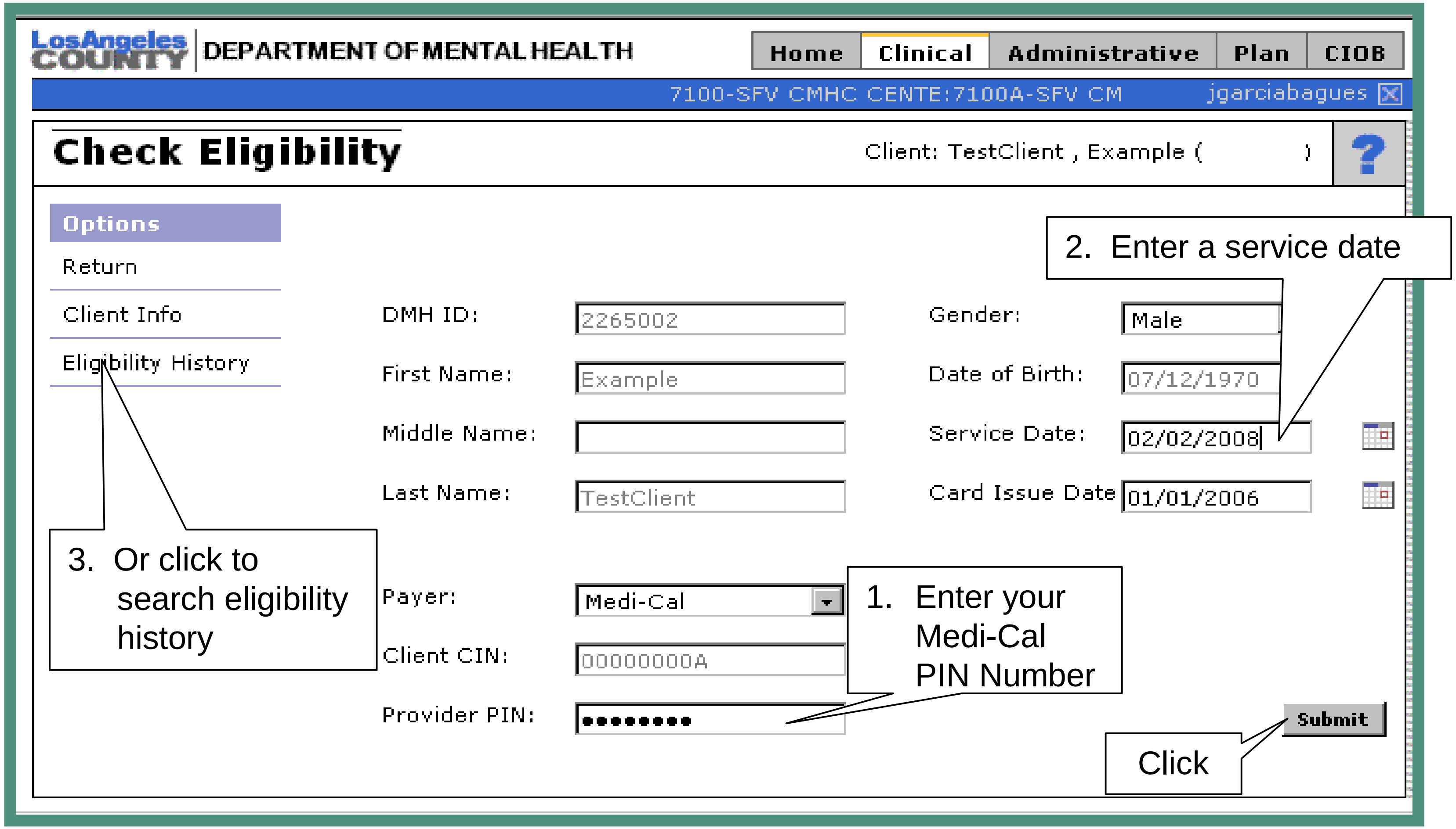
Enroll a Client



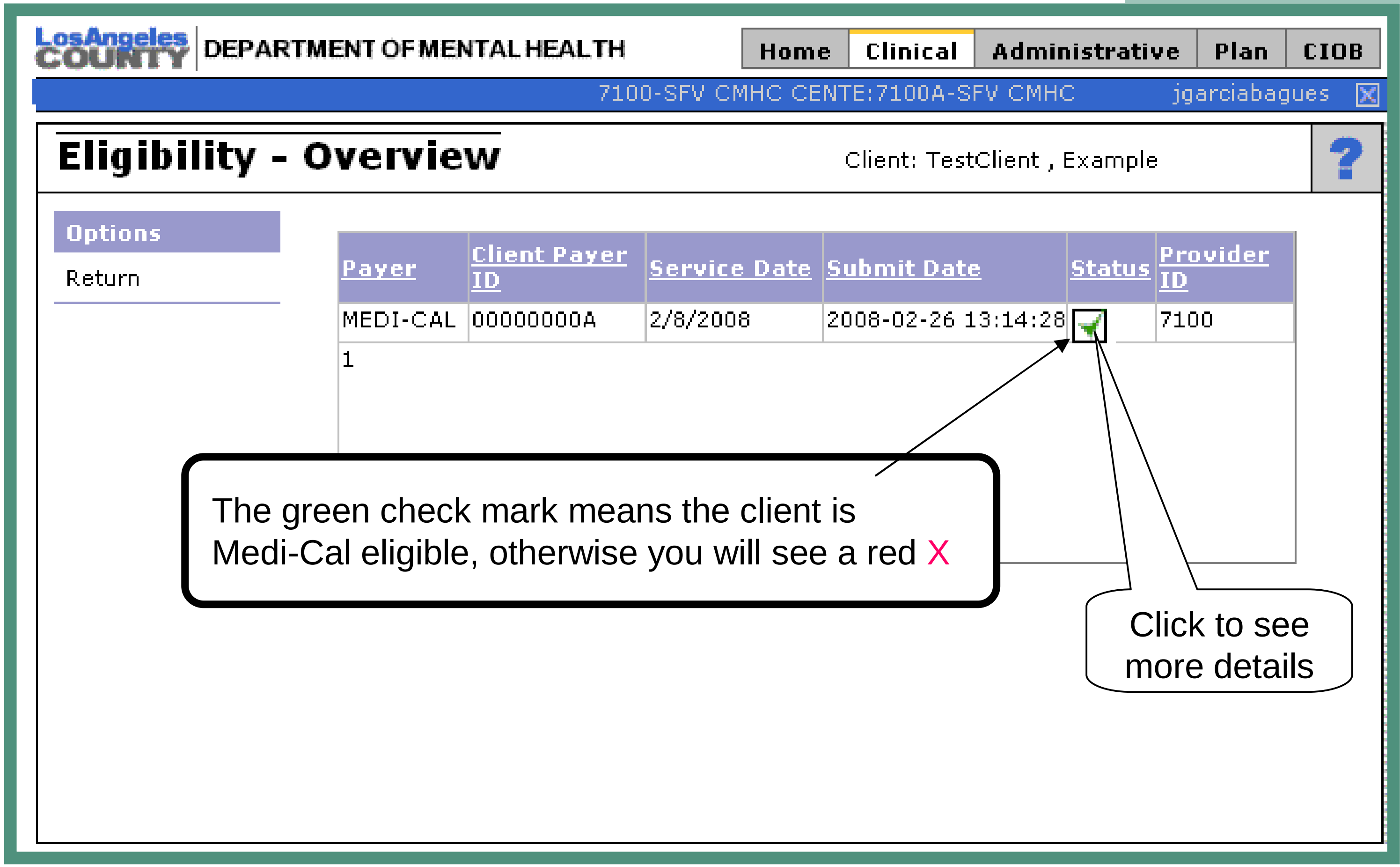
Check Eligibility



Check Eligibility

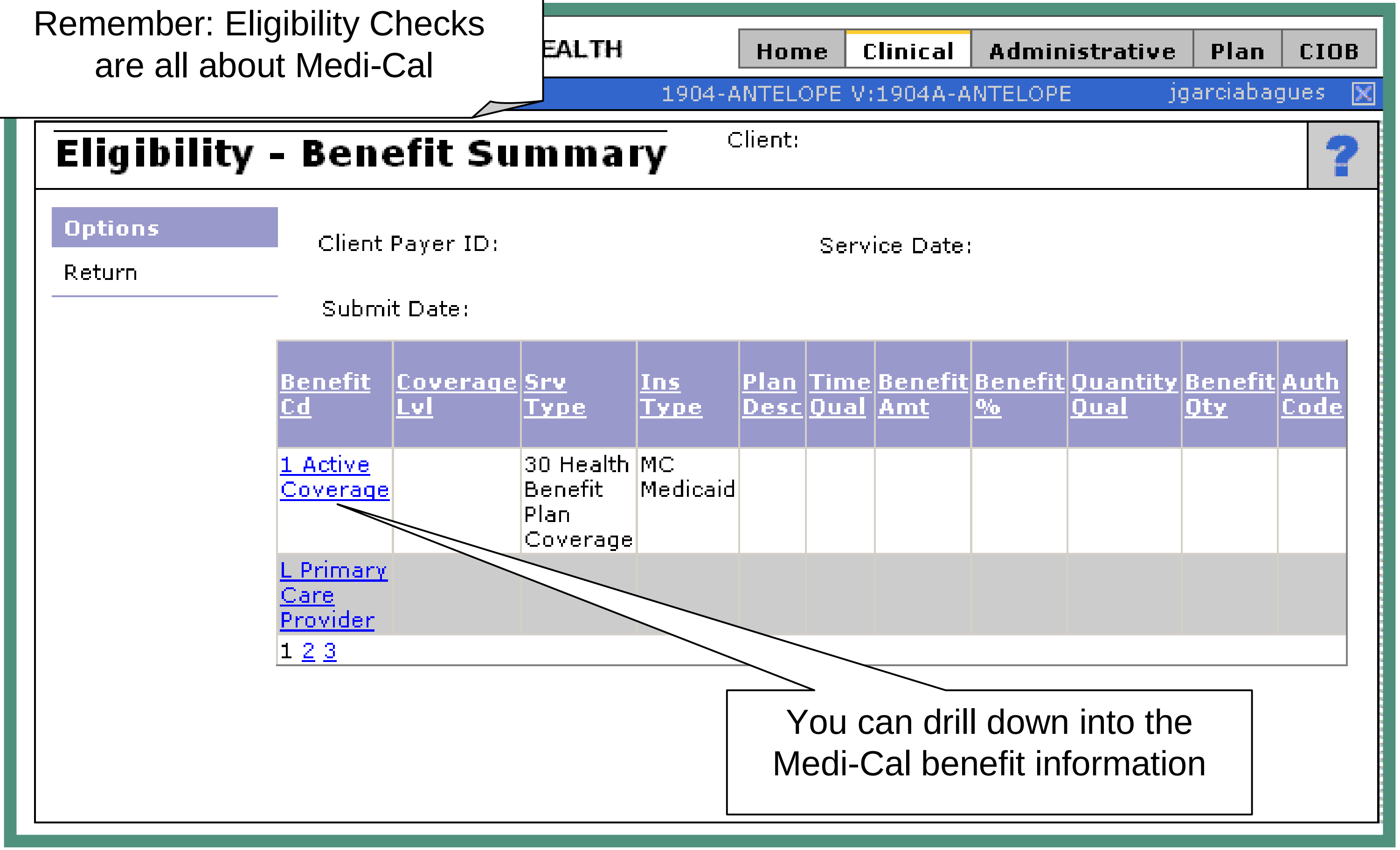


Check Eligibility



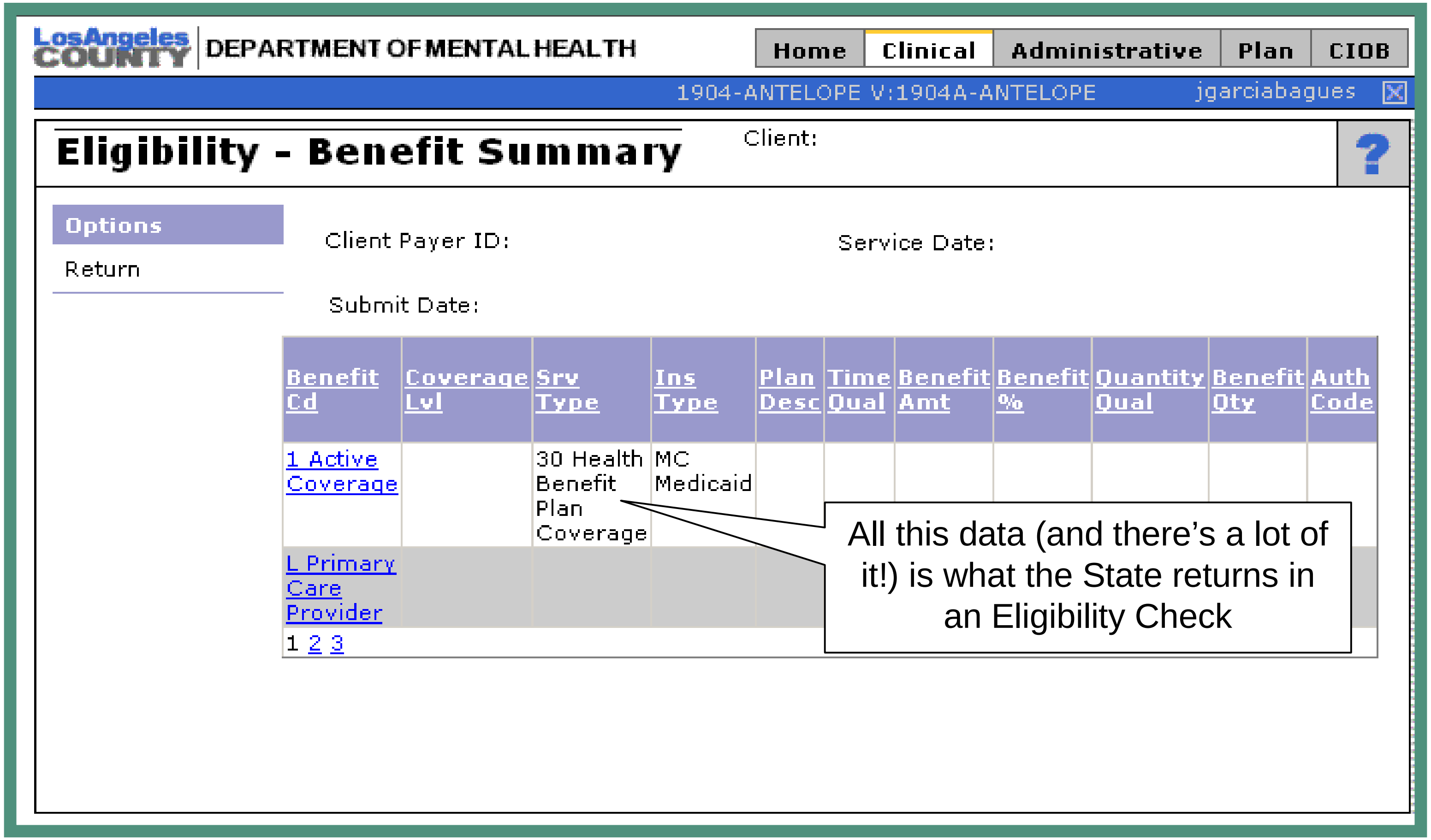
Eligibility

Remember: Eligibility Checks are all about Medi-Cal



You can drill down into the Medi-Cal benefit information

Eligibility History

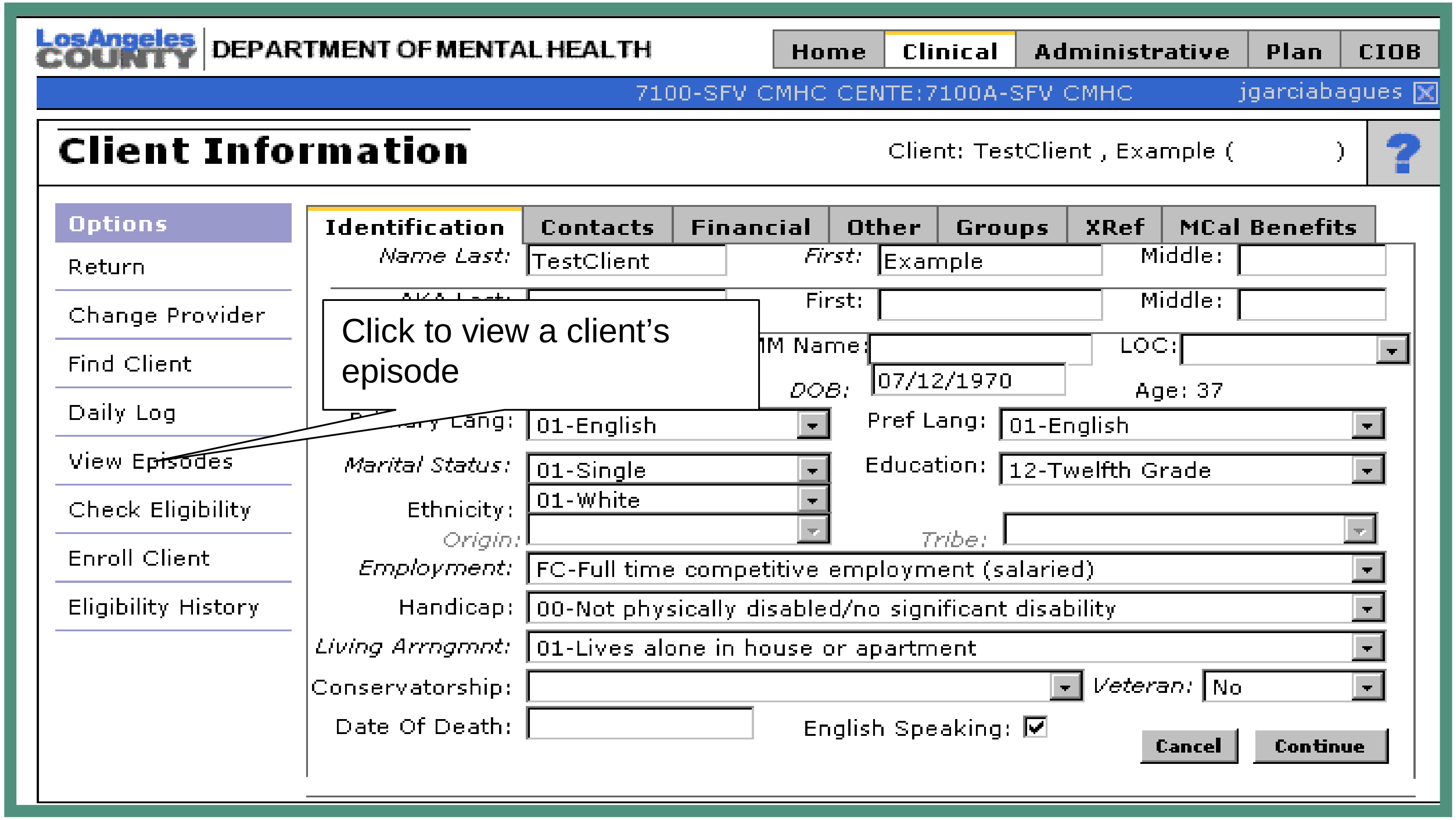


EXERCISE 7

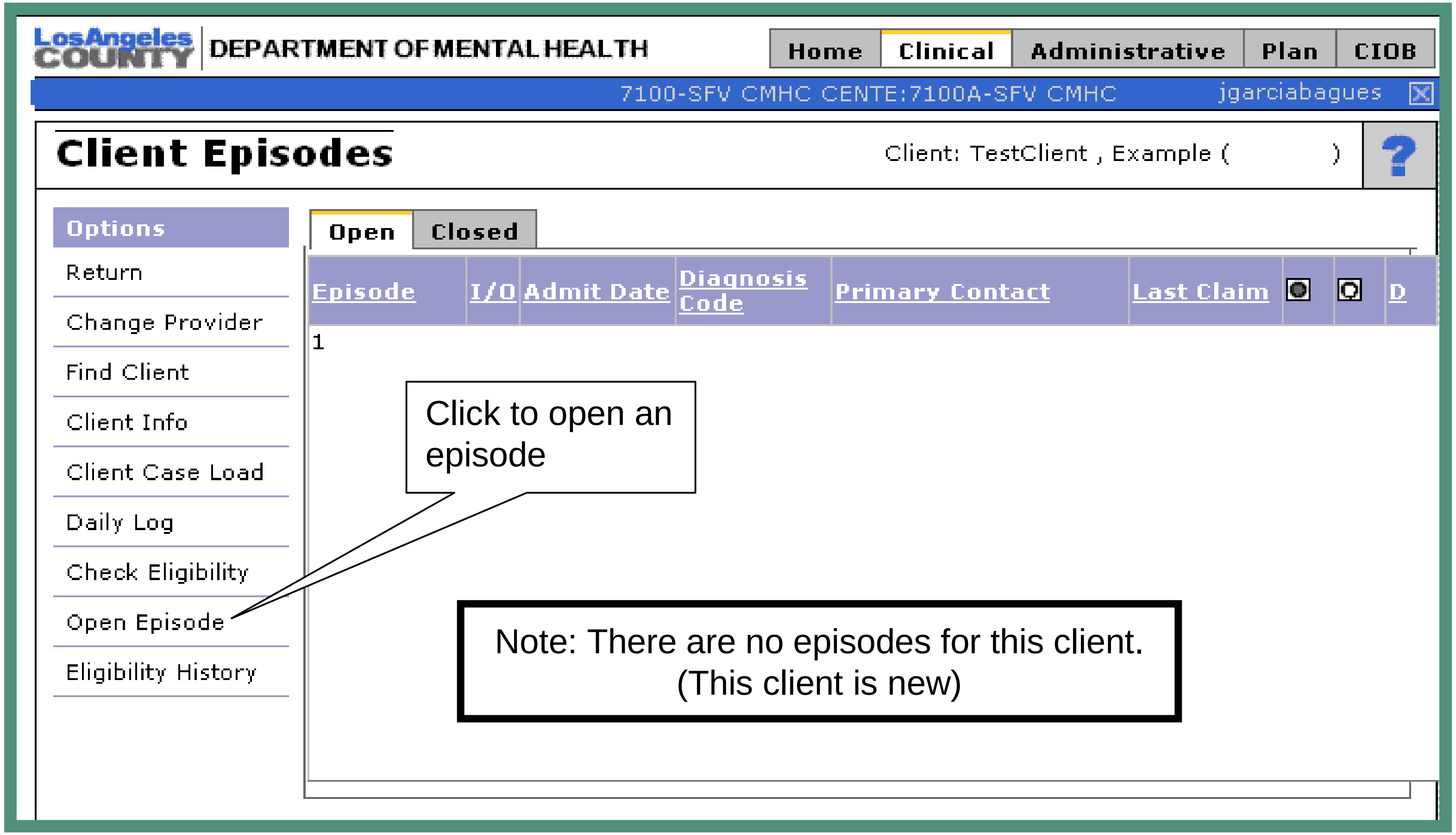
Open an Episode:

- Complete Admission Screen

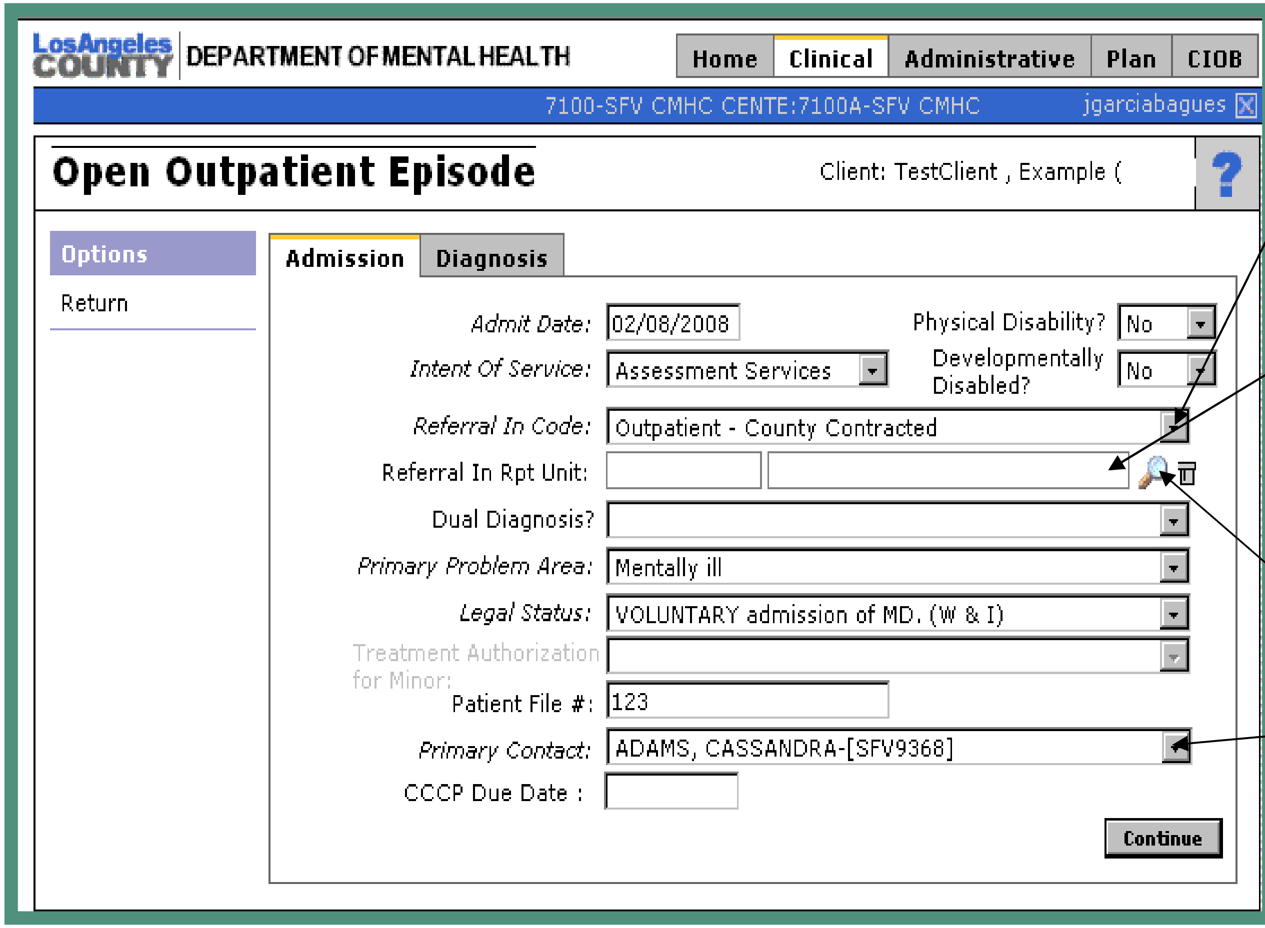
Open an Episode: Admission Screen



Open an Episode: Admission Screen



Open an Episode: Admission Screen



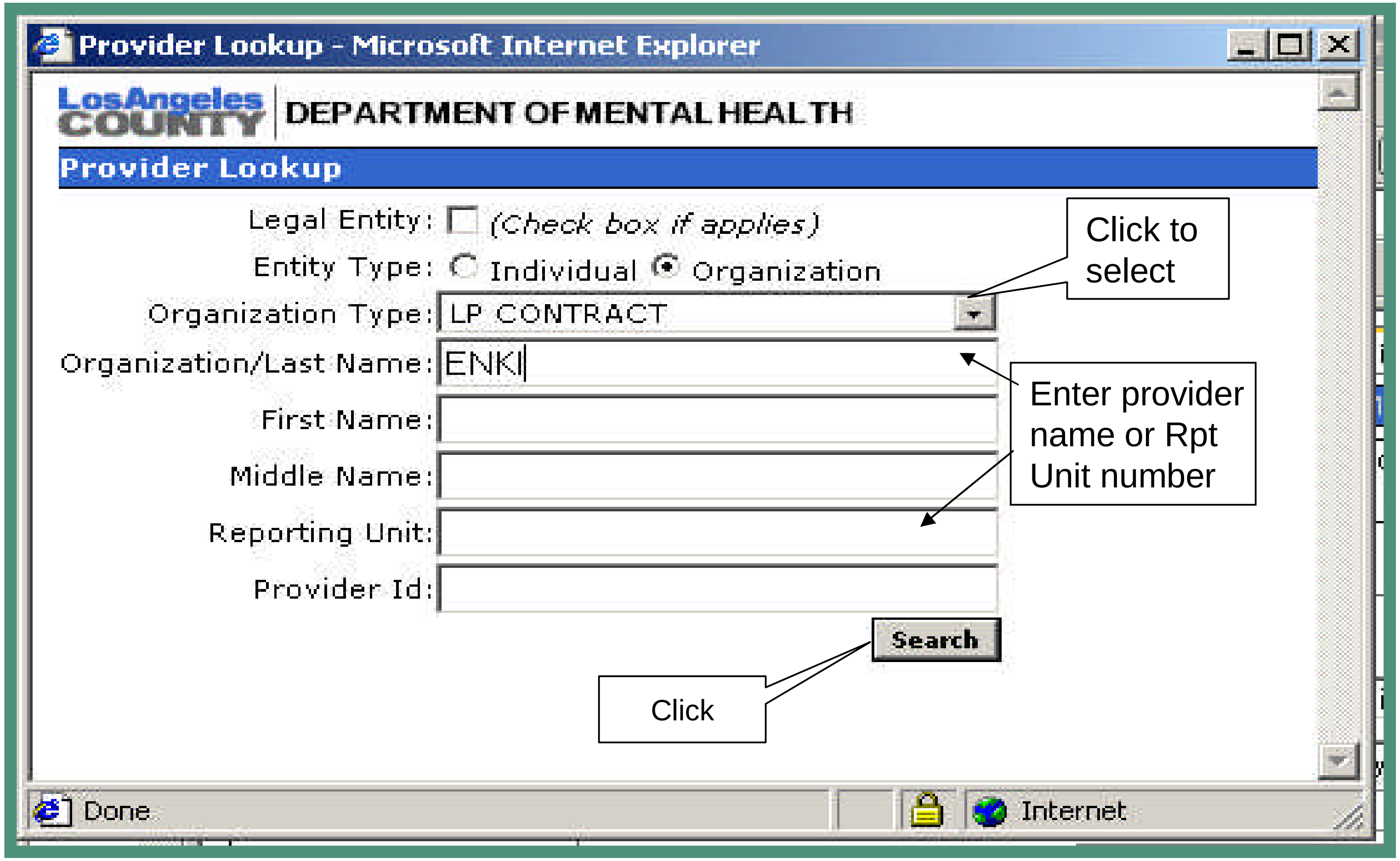
<u>Referral In Code:</u>
To identify the agency or person who referred the client to your agency.

<u>Referral In Rpt Unit</u>:
When the agency that referred the client has a reporting unit number. This field Is optional.

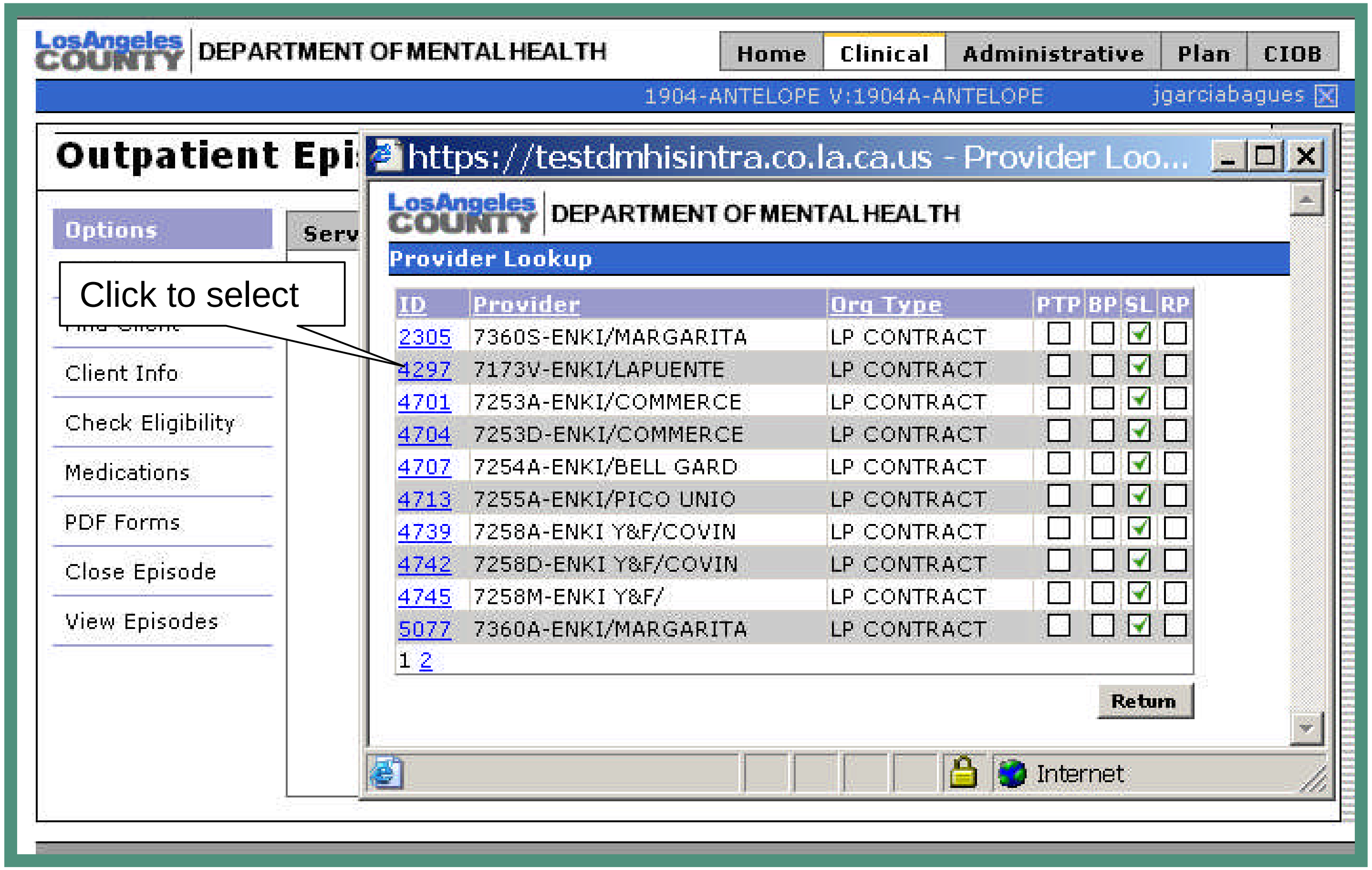
Click to search Rpt Unit by provider type & name (See next page.)

<u>Primary Contact:</u>
Click to select the client's primary clinician

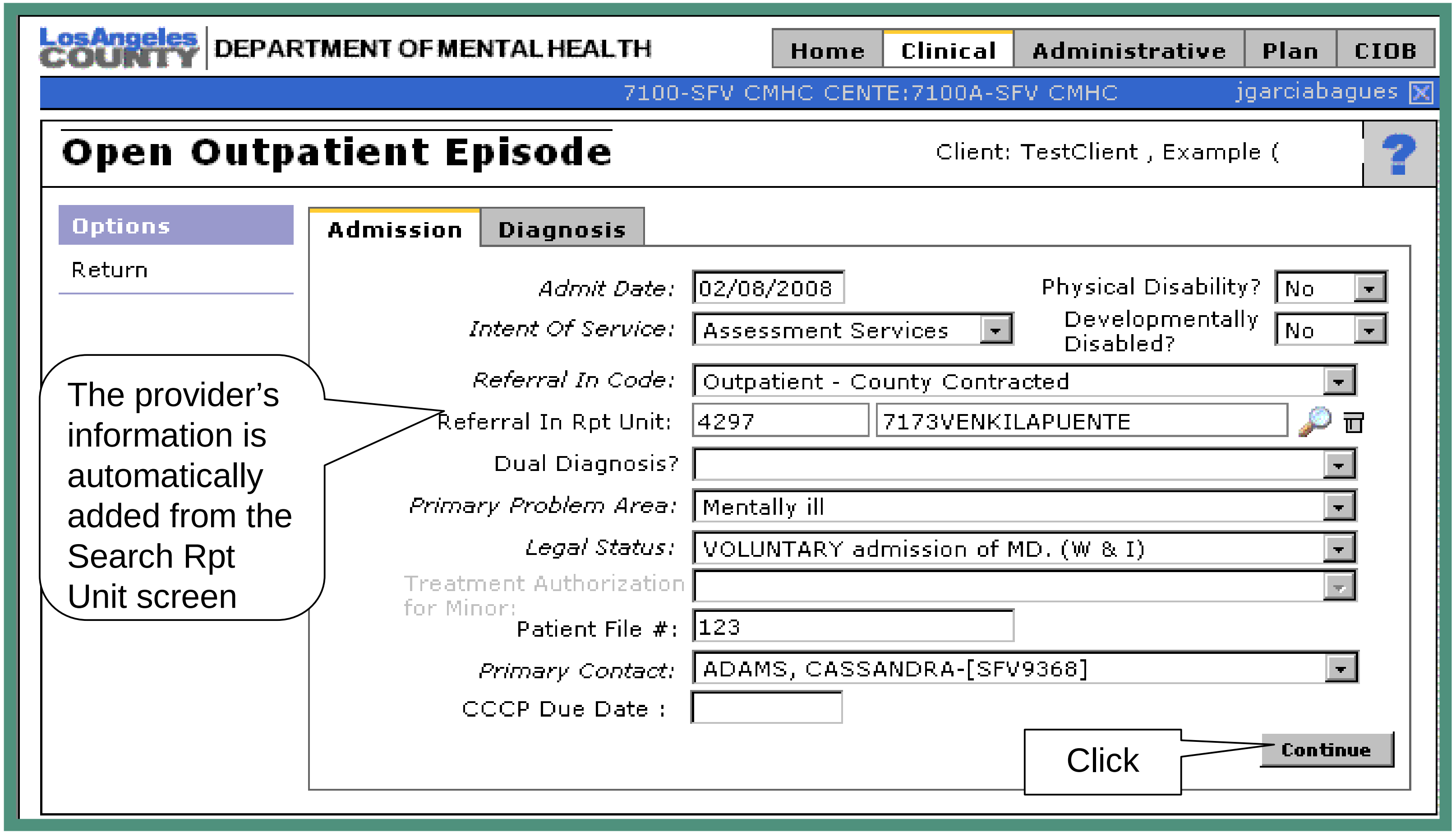
Open an Episode: Admission Screen Search Rpt Unit



Open an Episode: Admission Screen Search Rpt Unit (Cont.)



Open an Episode: Admission Screen.

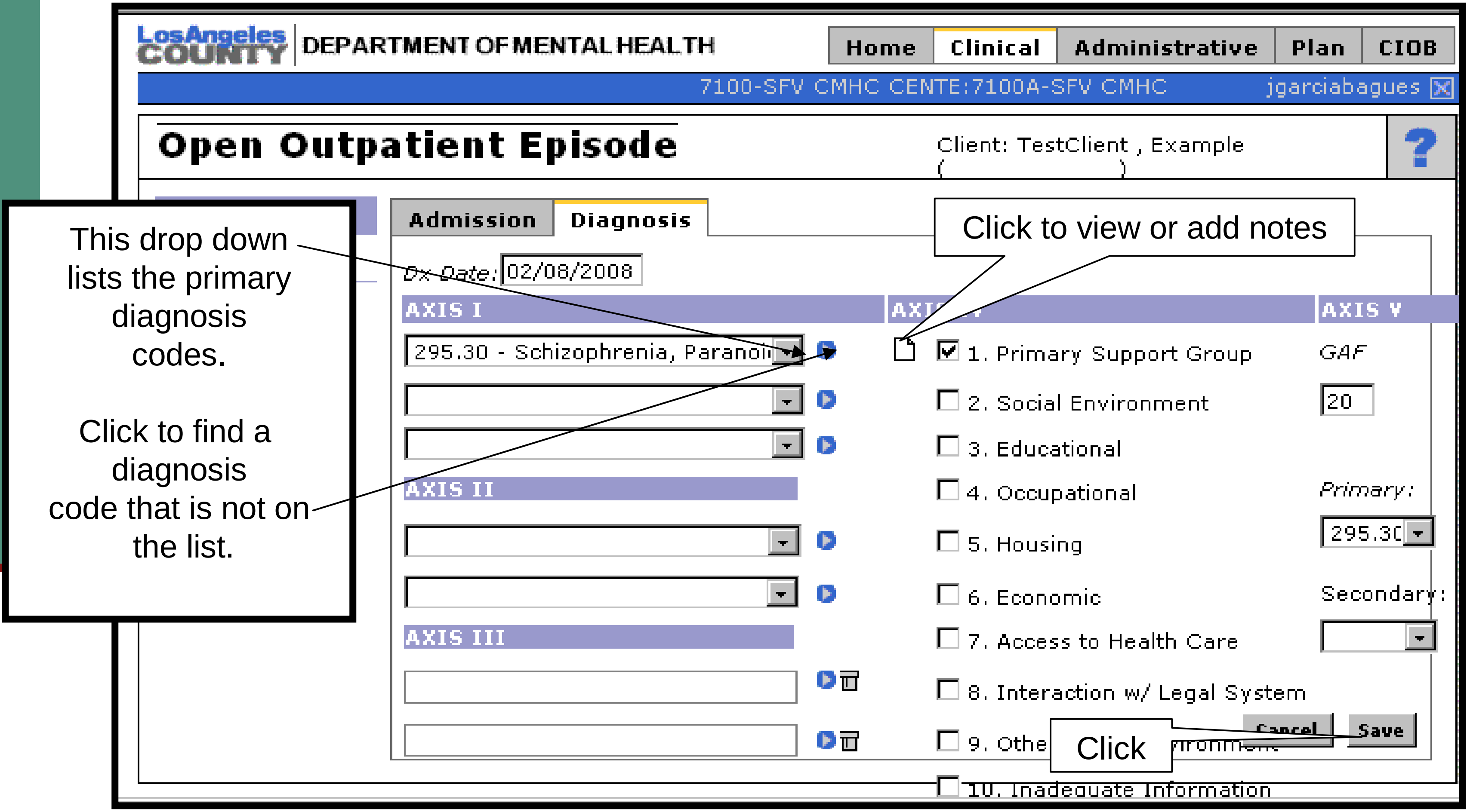


EXERCISE 8

Open an Episode:

- Complete the Diagnosis Screen

Open an Episode: Diagnosis Screen

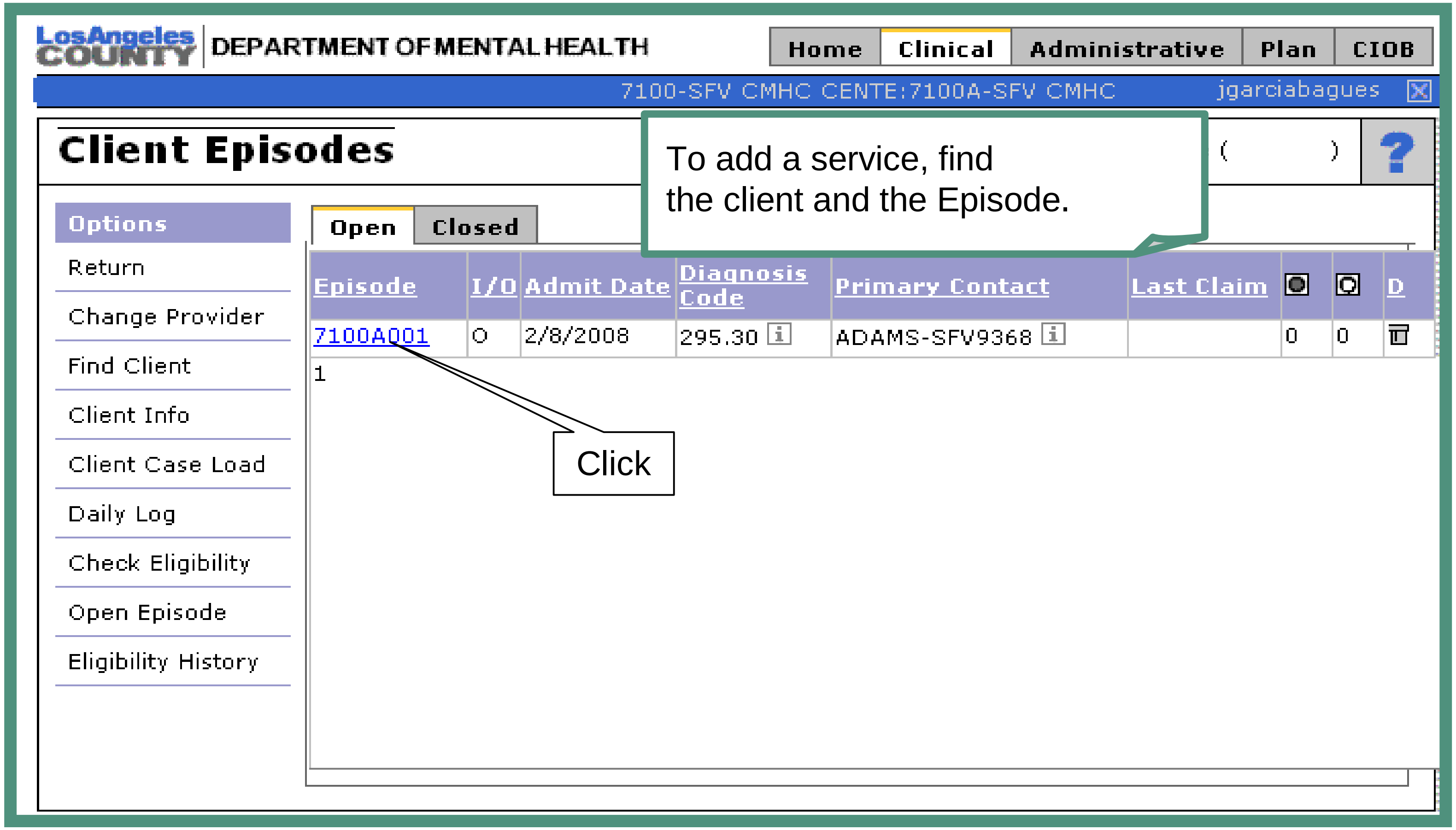


EXERCISE 9

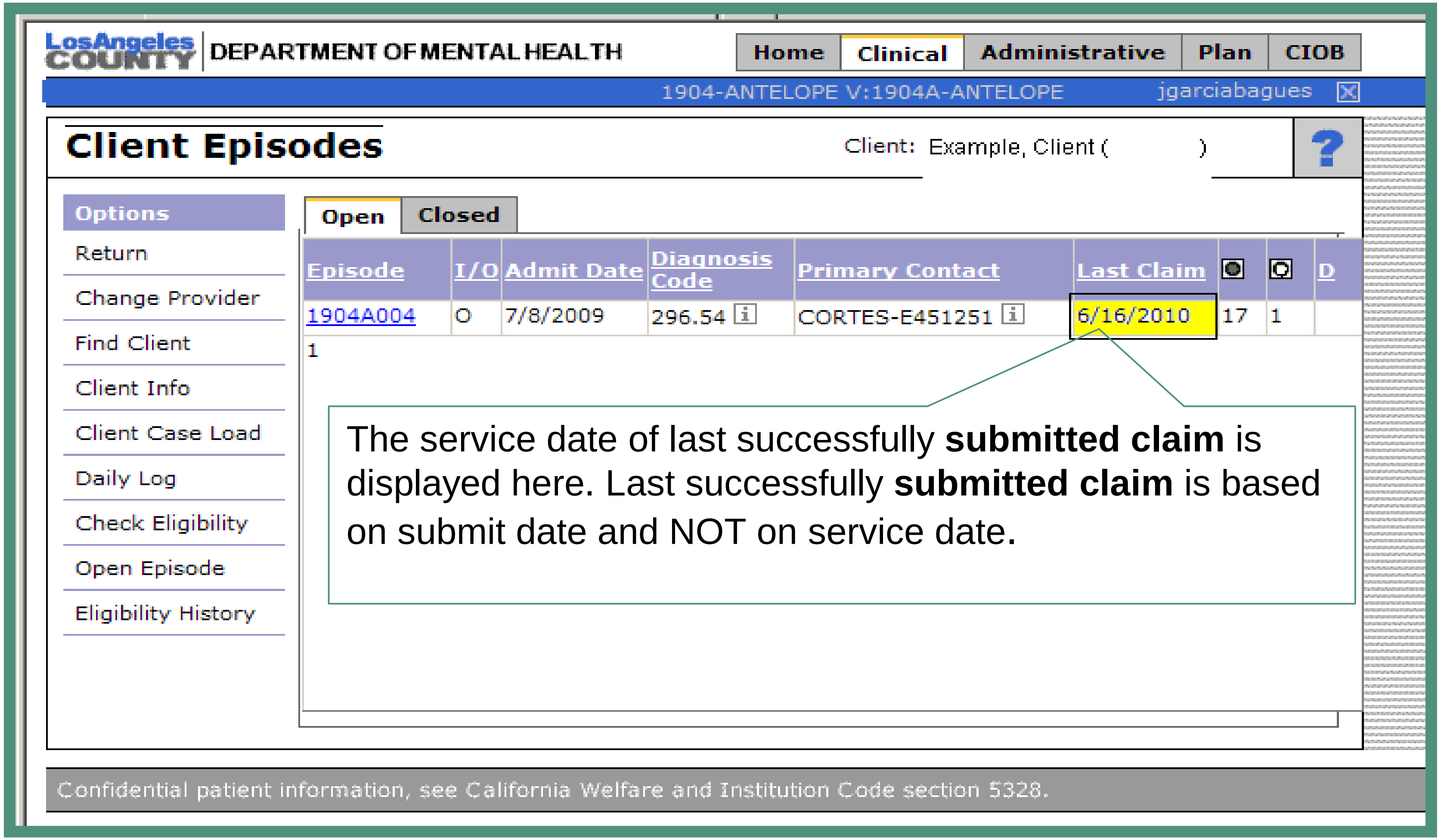
Add Services

- Notes on Evidence Based Practice

Add Services



Add Services



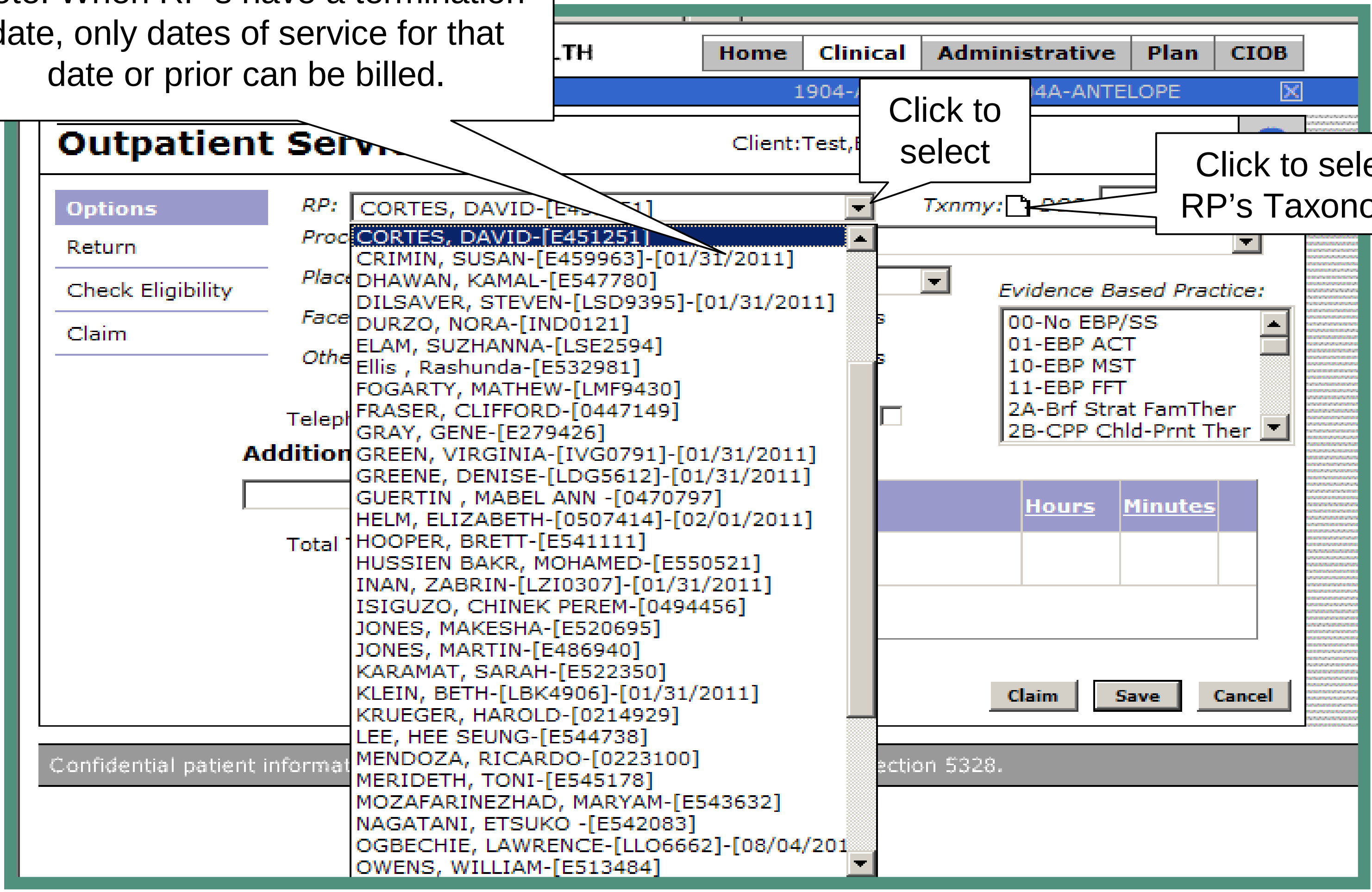
Add Services

Add Services

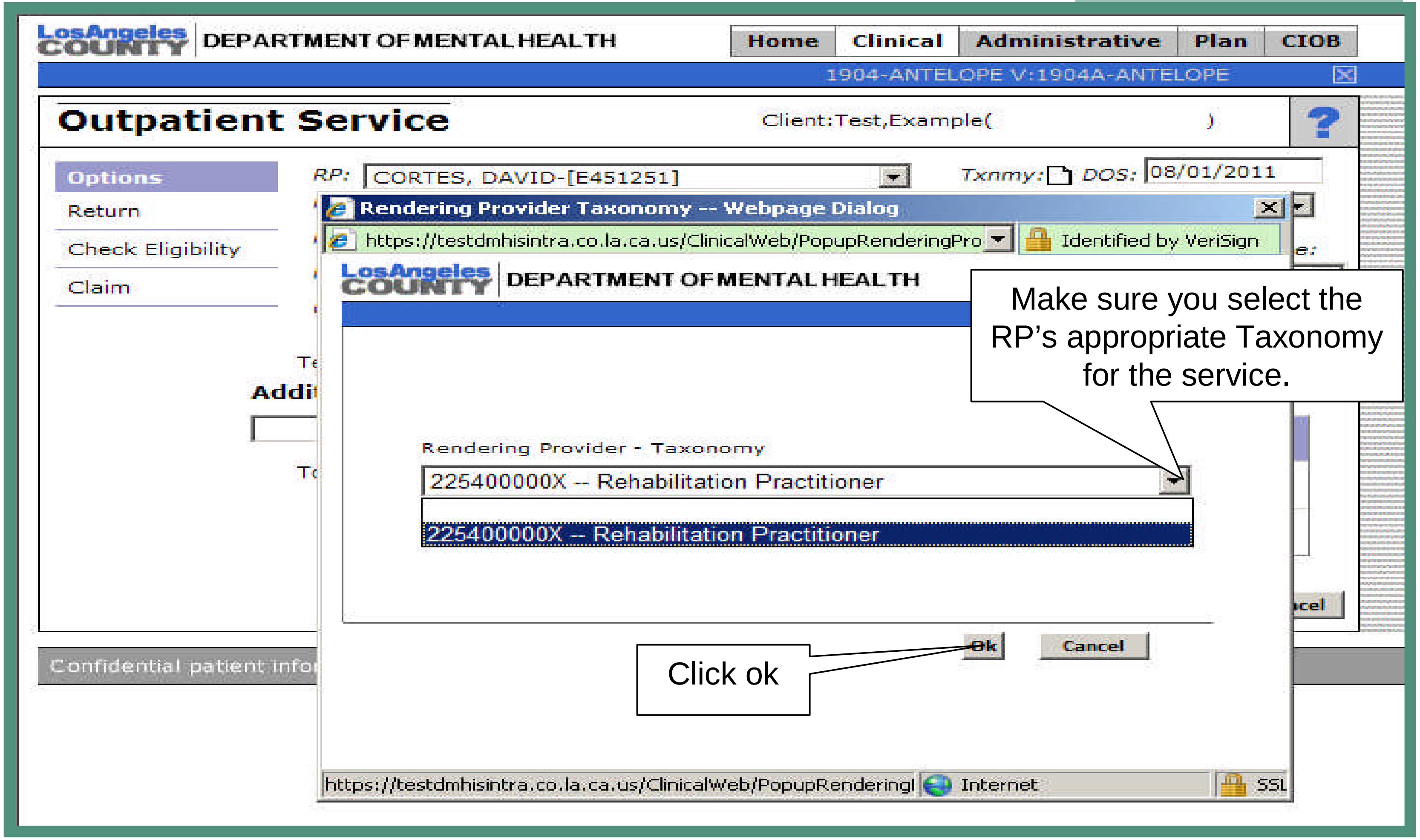
Note: When RP's have a termination date, only dates of service for that date or prior can be billed.

Click to select

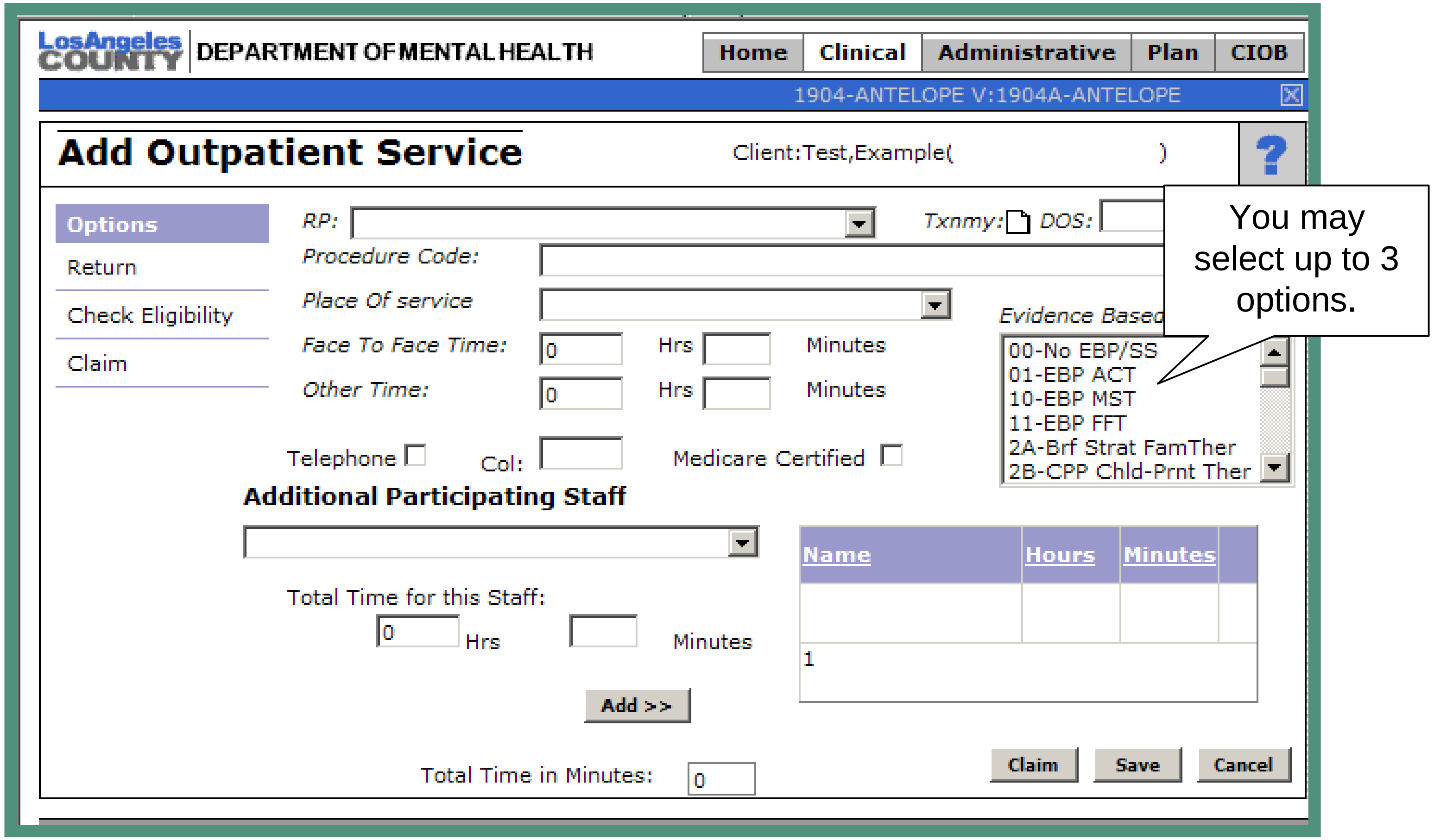
Click to select RP's Taxonomy



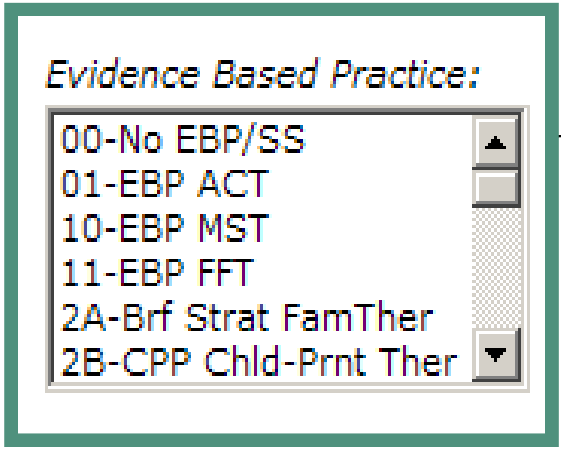
Add Service


DEPARTMENT OF MENTAL HEALTH
Home
Clinical
Administrative
Plan
CIOB
1904-ANTELOPE V:1904A-ANTELOPE
Outpatient Service
Client:Test,Example( )
Options
Return
Check Eligibility
Claim
RP: CORTES, DAVID-[E451251]
Txnmy:
DOS: 08/01/2011
Rendering Provider Taxonomy -- Webpage Dialog
https://testdmhisintra.co.la.ca.us/ClinicalWeb/PopupRenderingPro
Identified by VeriSign
DEPARTMENT OF MENTAL HEALTH
Make sure you select the RP's appropriate Taxonomy for the service.
Rendering Provider - Taxonomy
225400000X -- Rehabilitation Practitioner
225400000X -- Rehabilitation Practitioner
Ok
Cancel
Click ok
Confidential patient info
https://testdmhisintra.co.la.ca.us/ClinicalWeb/PopupRendering
Internet
SSL

Add Services



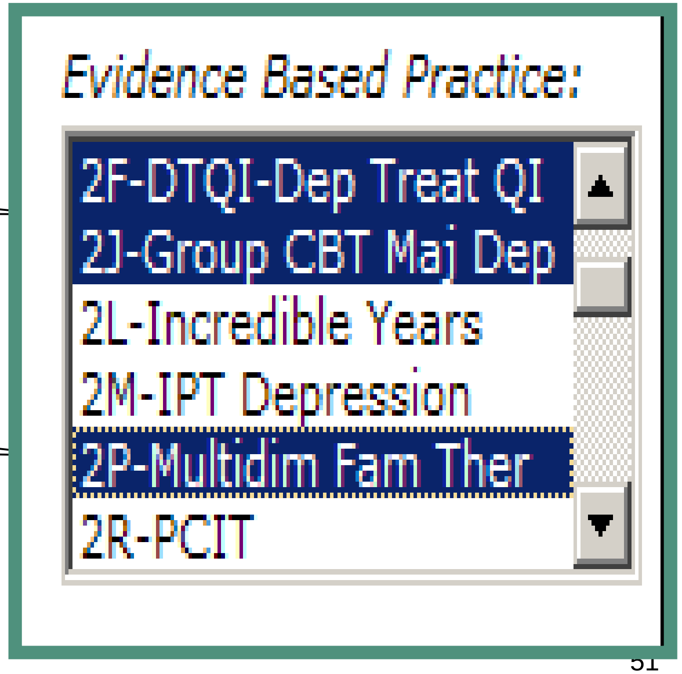
Add Services



The system may allow you to select up to 3 options

Select multiple objects next to each other by holding down the **SHIFT** key while you click

Or use the **CONTROL** key while you click to select items that are **NOT** next to each other

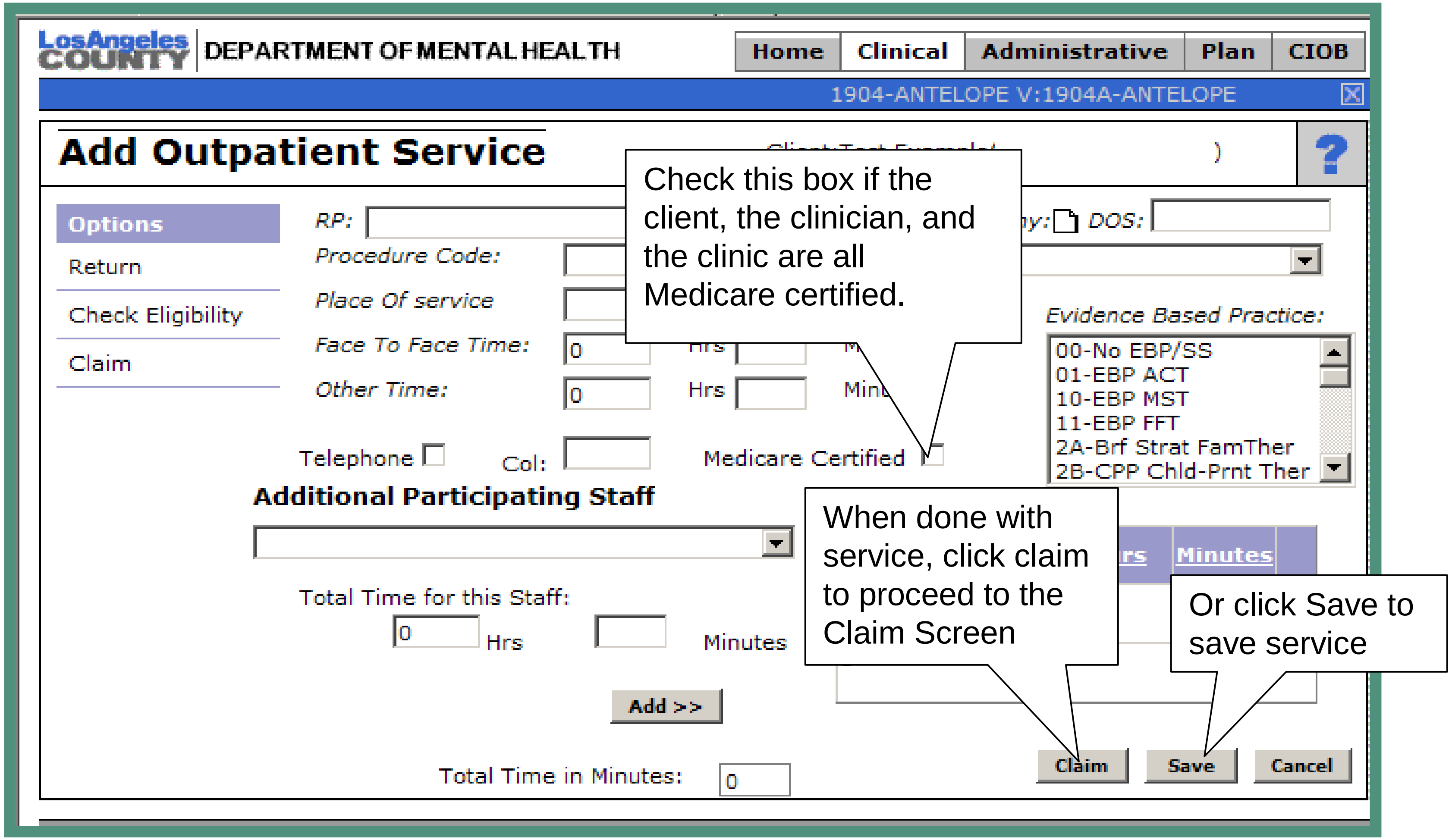


Add Services

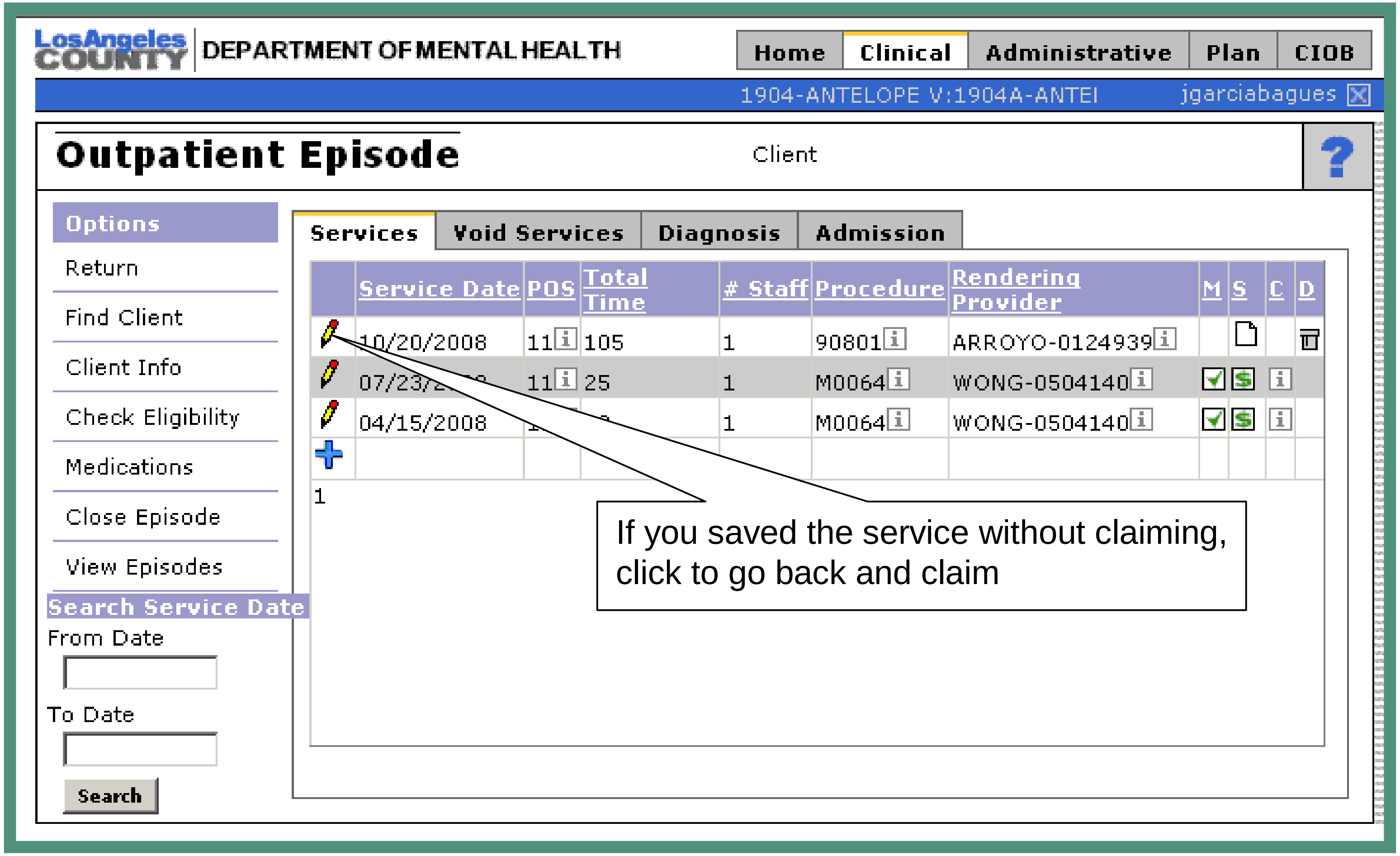
- What is Evidence-Based Practice/Service Strategies/PEI Services?

They are techniques that use research results, reasoning, and best practices to inform the improvement of Mental Health Care. DMH is now using the IS to track the use of these techniques. These are some examples: Multisystemic Therapy, Functional Family Therapy, Brief Strategic Family Therapy, Functional Family Therapy, Peer and/or Family Delivered Services, Family Support

Add a Service



Add Services



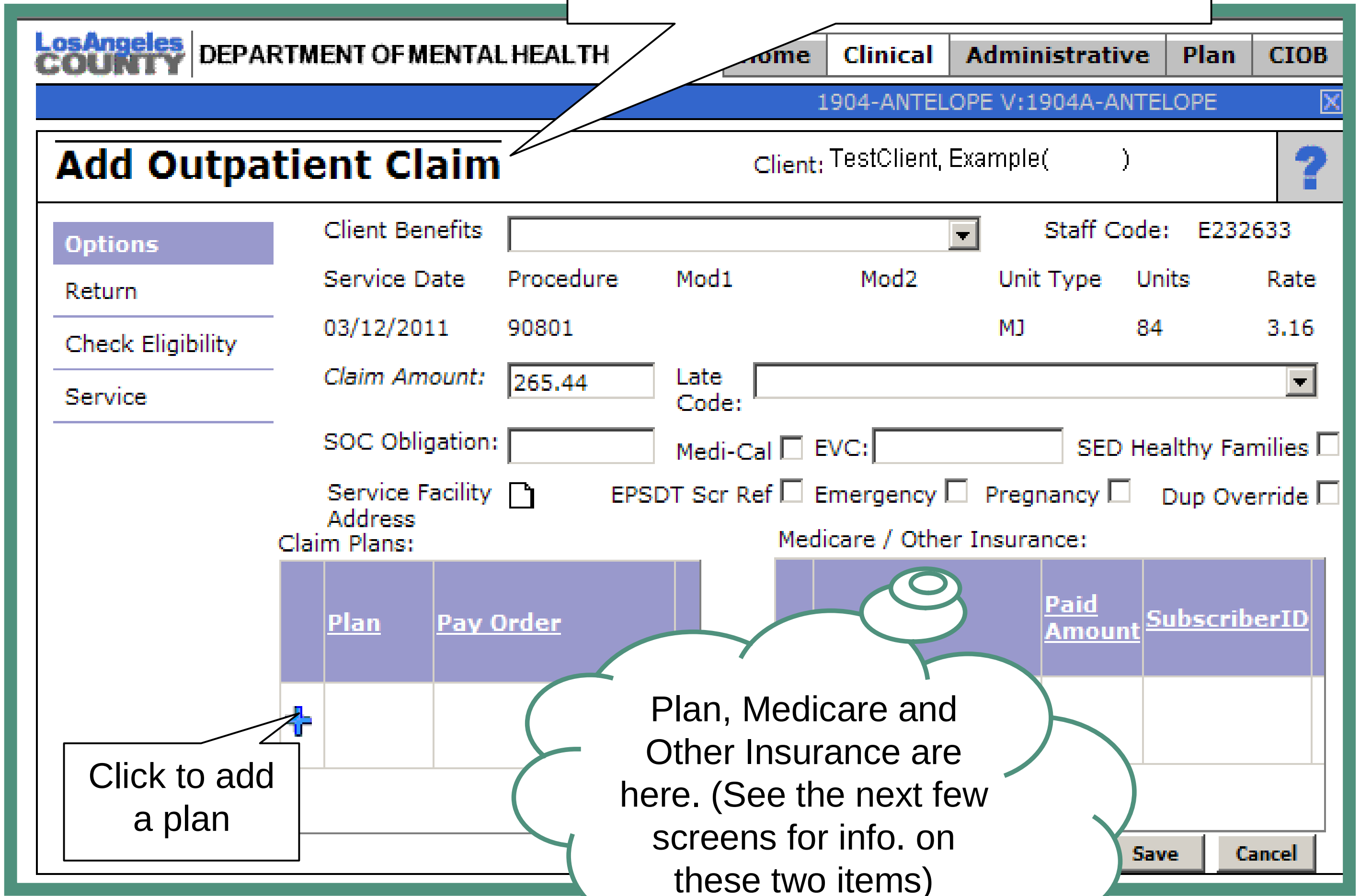
EXERCISE 10

Add a Claim:

- Add a Plan
- Add Payers/Medicare or OHC
- Detail Adjustment
- Claim Status Icons under “S” Column in Episode Screen

Add a Claim: Add a Plan

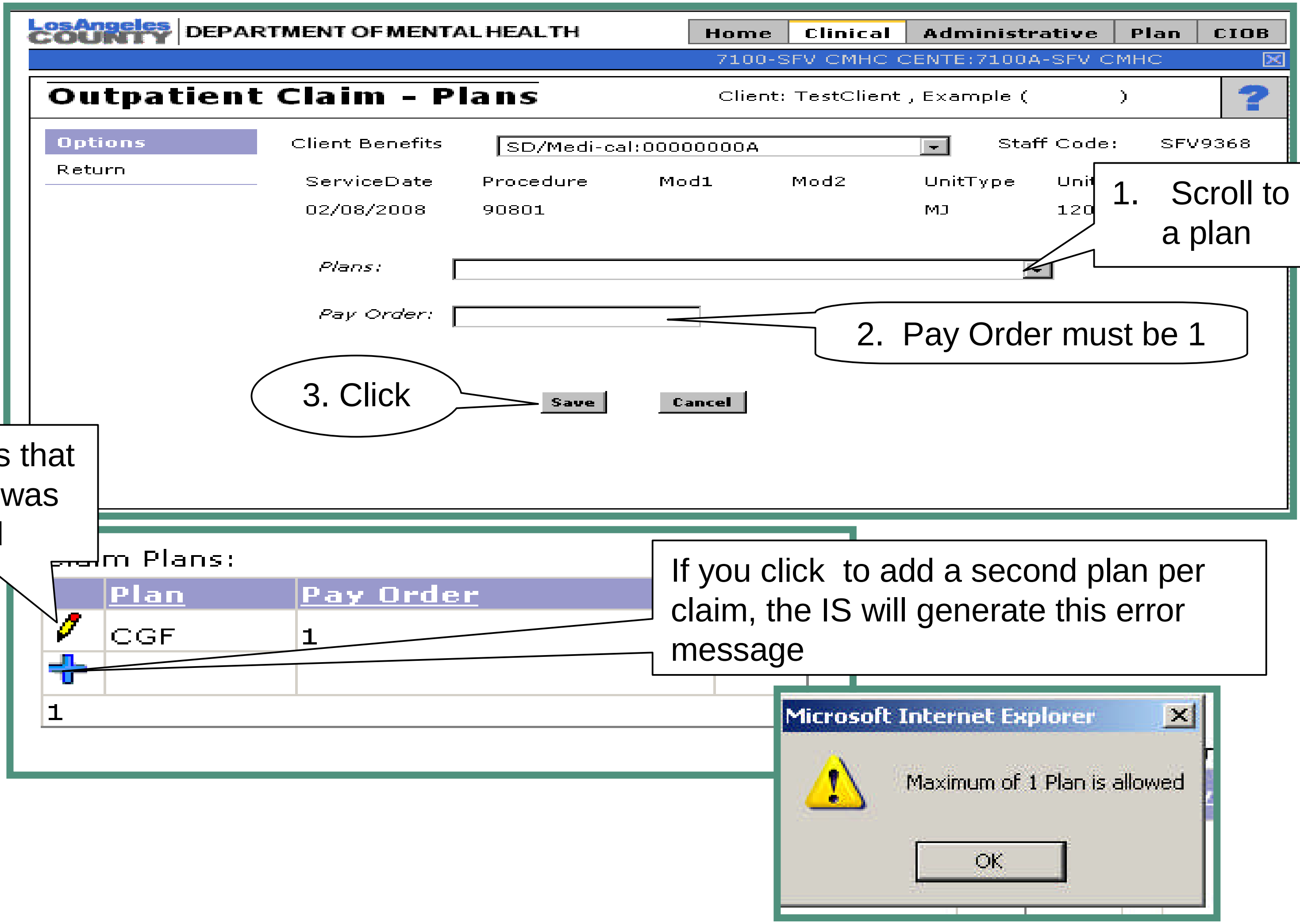
Once you click Claim on the Add Service screen, system navigates to this screen to pick a plan and a payer



Click to add a plan

Plan, Medicare and Other Insurance are here. (See the next few screens for info. on these two items)

Add a Claim: Add a Plan



1. Scroll to pick a plan

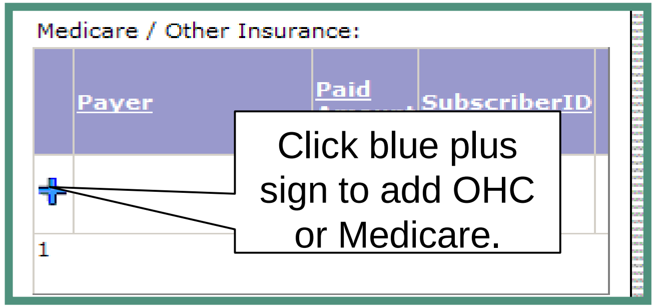
2. Pay Order must be 1

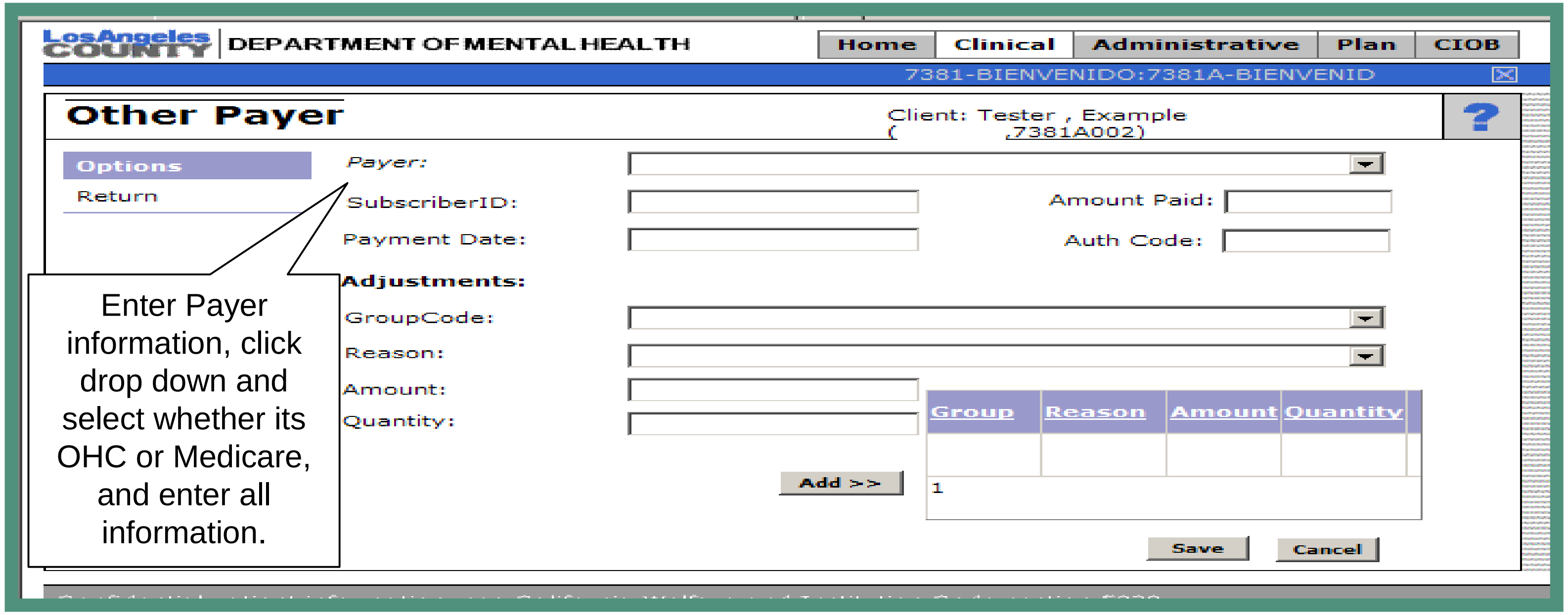
3. Click

This means that your plan was added

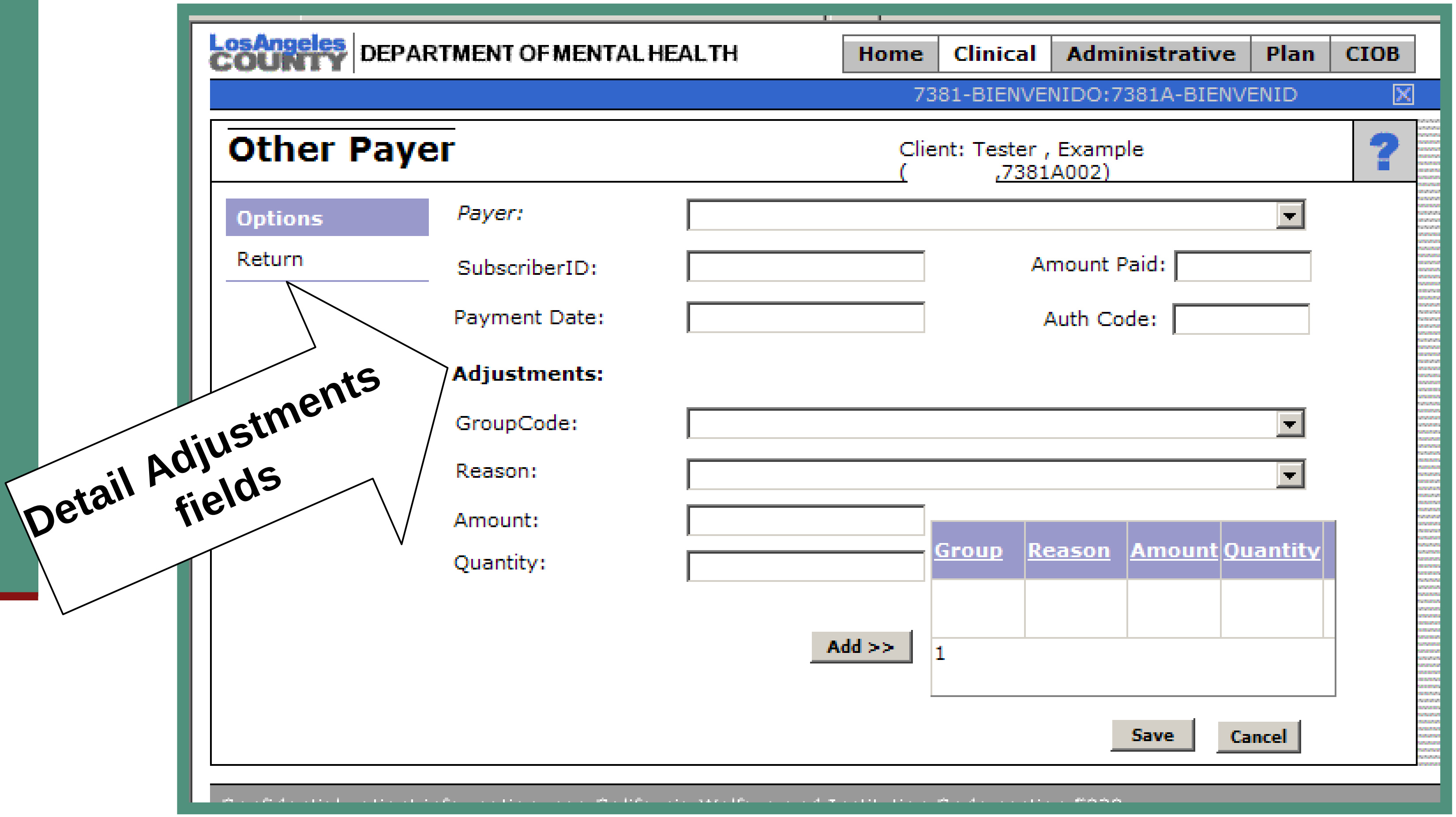
If you click to add a second plan per claim, the IS will generate this error message

Add a Claim: Add a Payer/Medicare

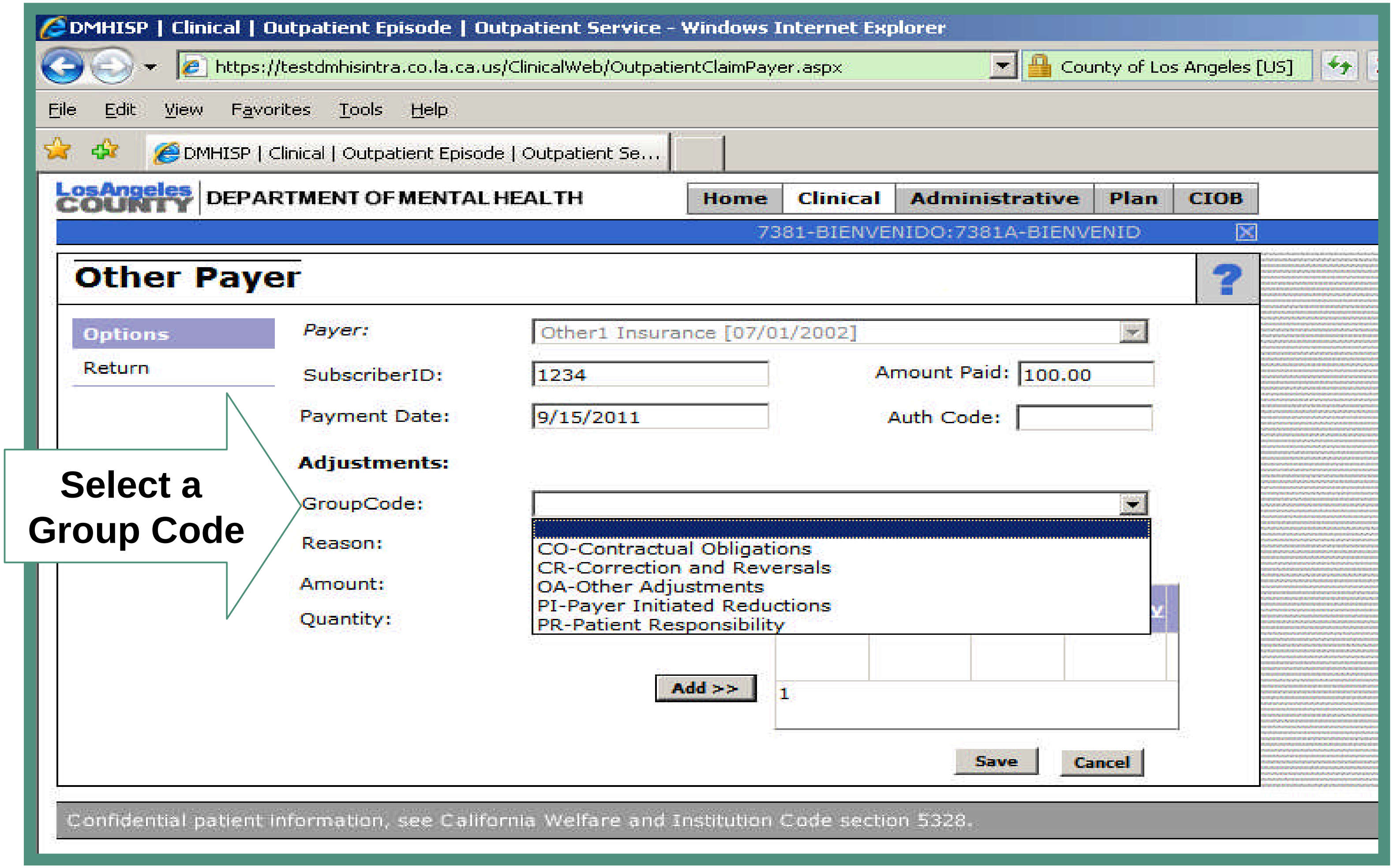




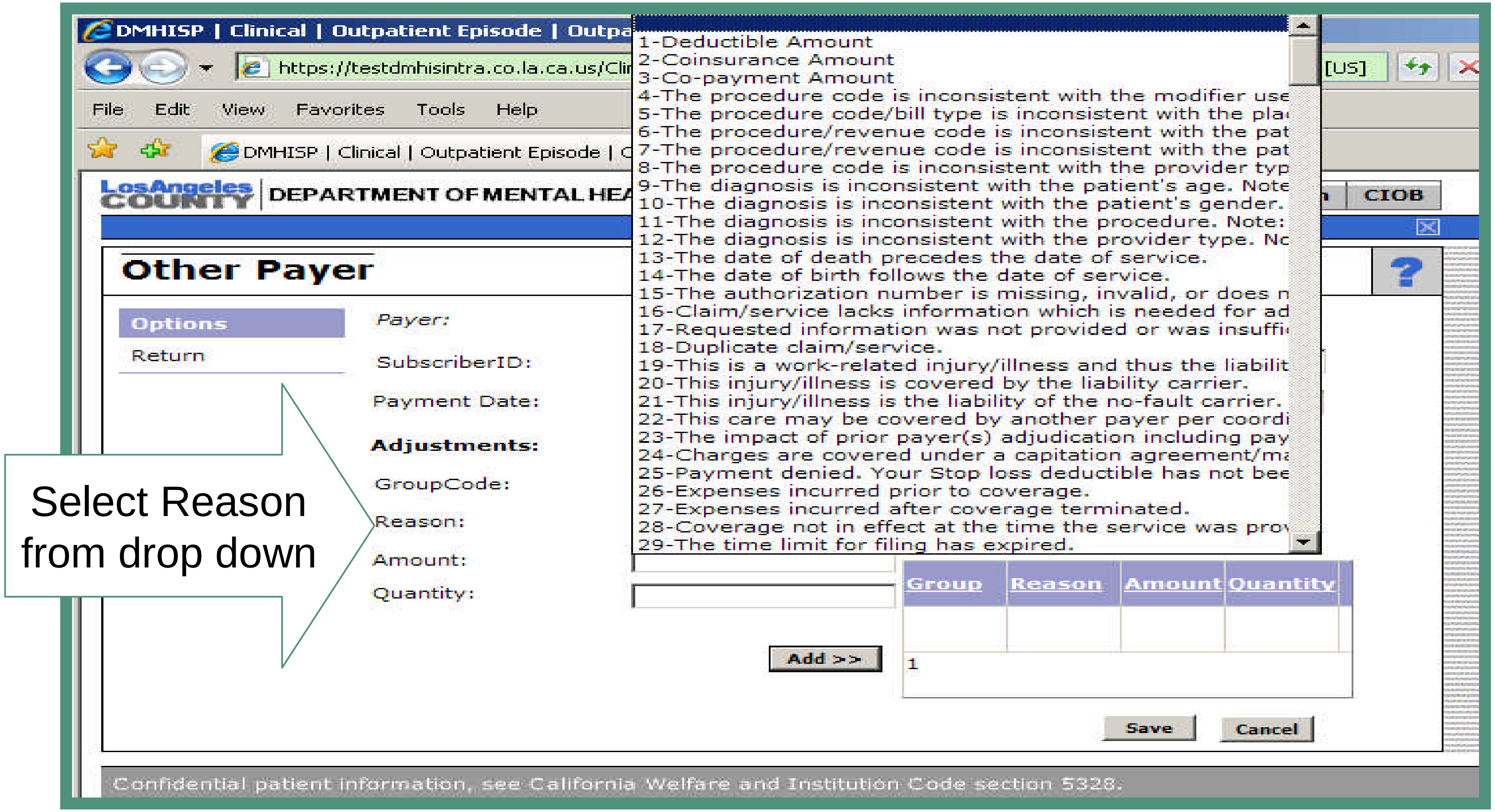
Other Payer/Detail Adjustments Fields



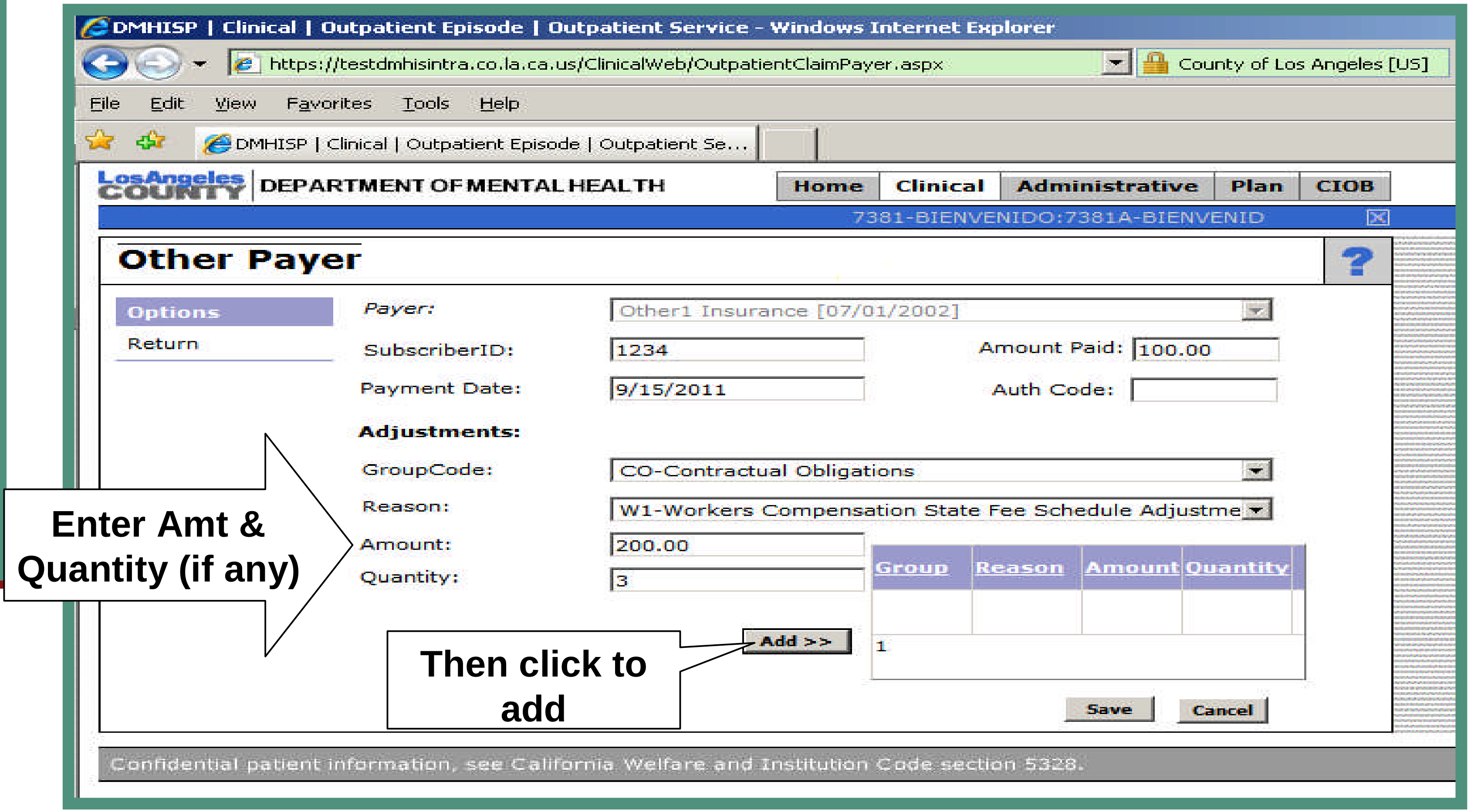
Other Payer: Select Group Code



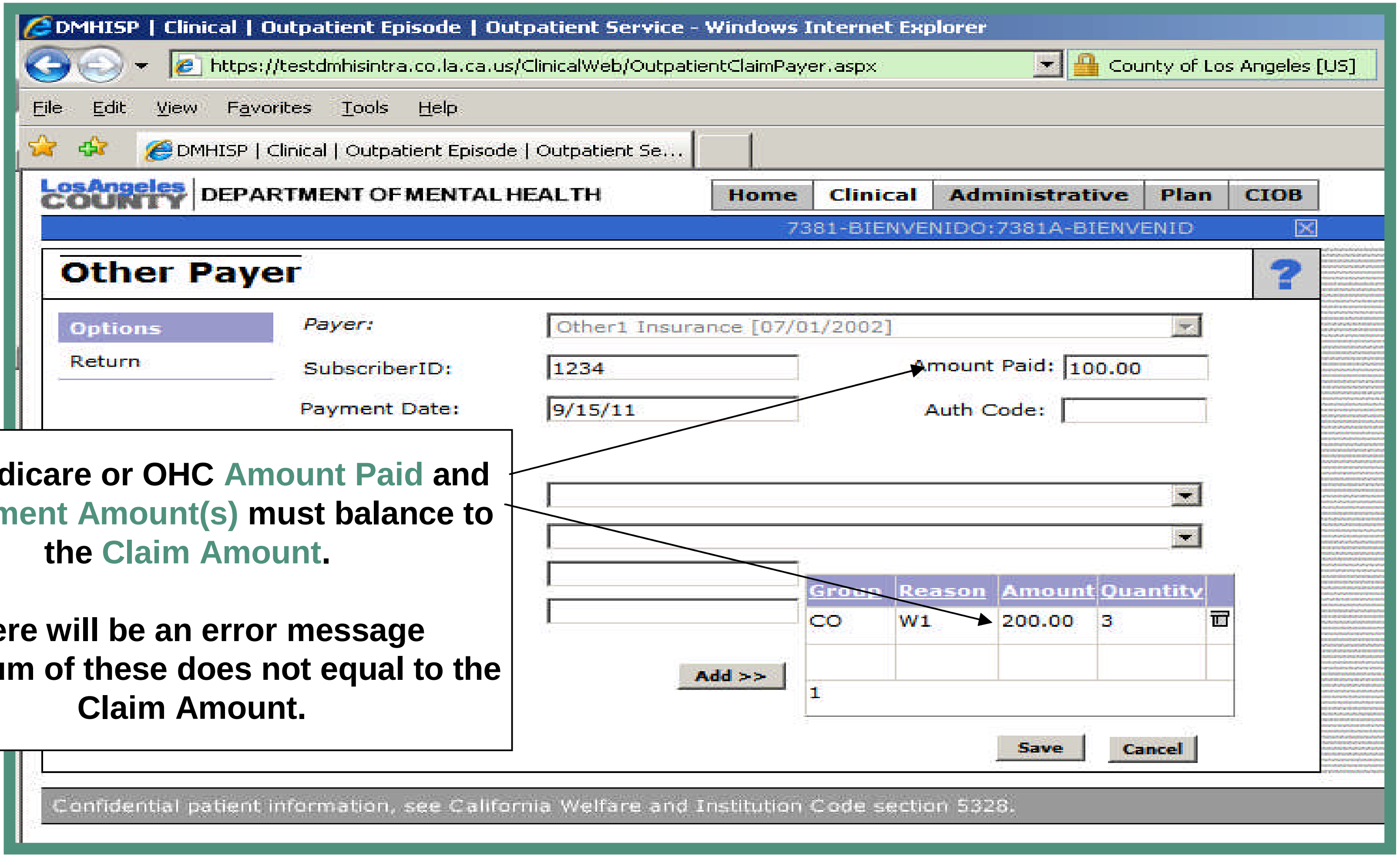
Other Payer: Select Reason Code



Other Payer: Enter Amount & Quantity



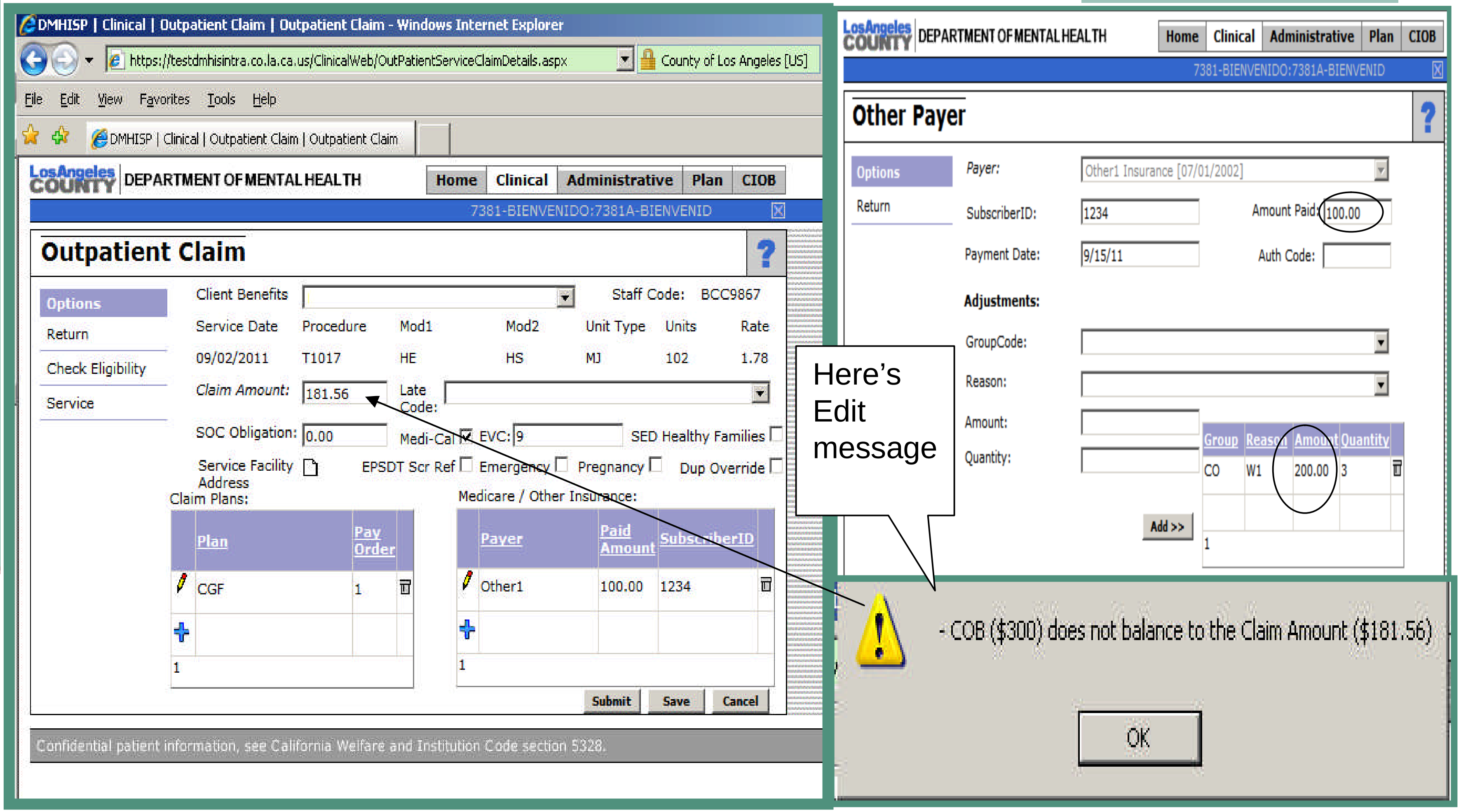
Other Payer: w/ Adjustment Info.



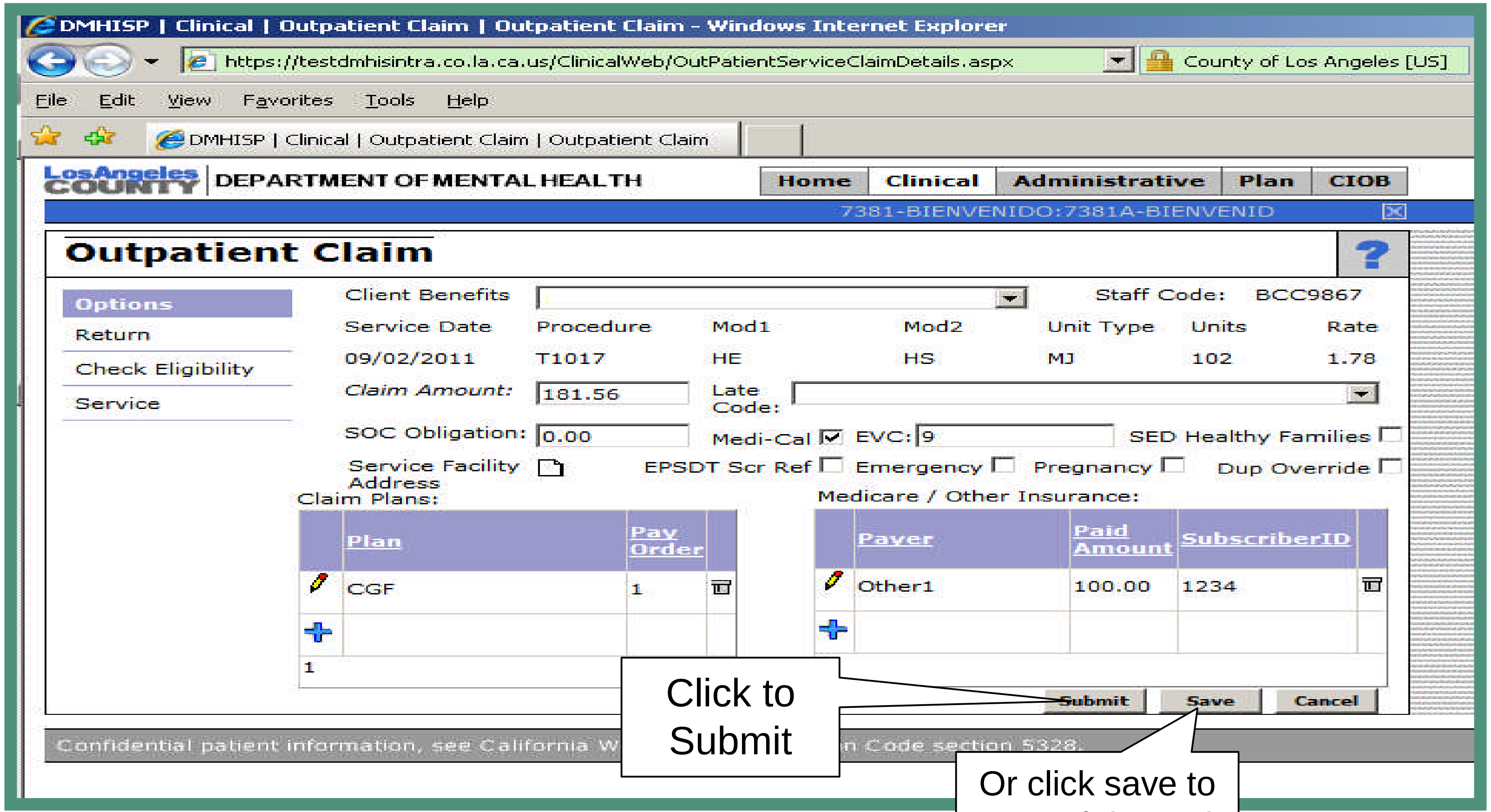
The Medicare or OHC Amount Paid and Adjustment Amount(s) must balance to the Claim Amount.

There will be an error message if the sum of these does not equal to the Claim Amount.

Other Payer: w/ Adjustment Info



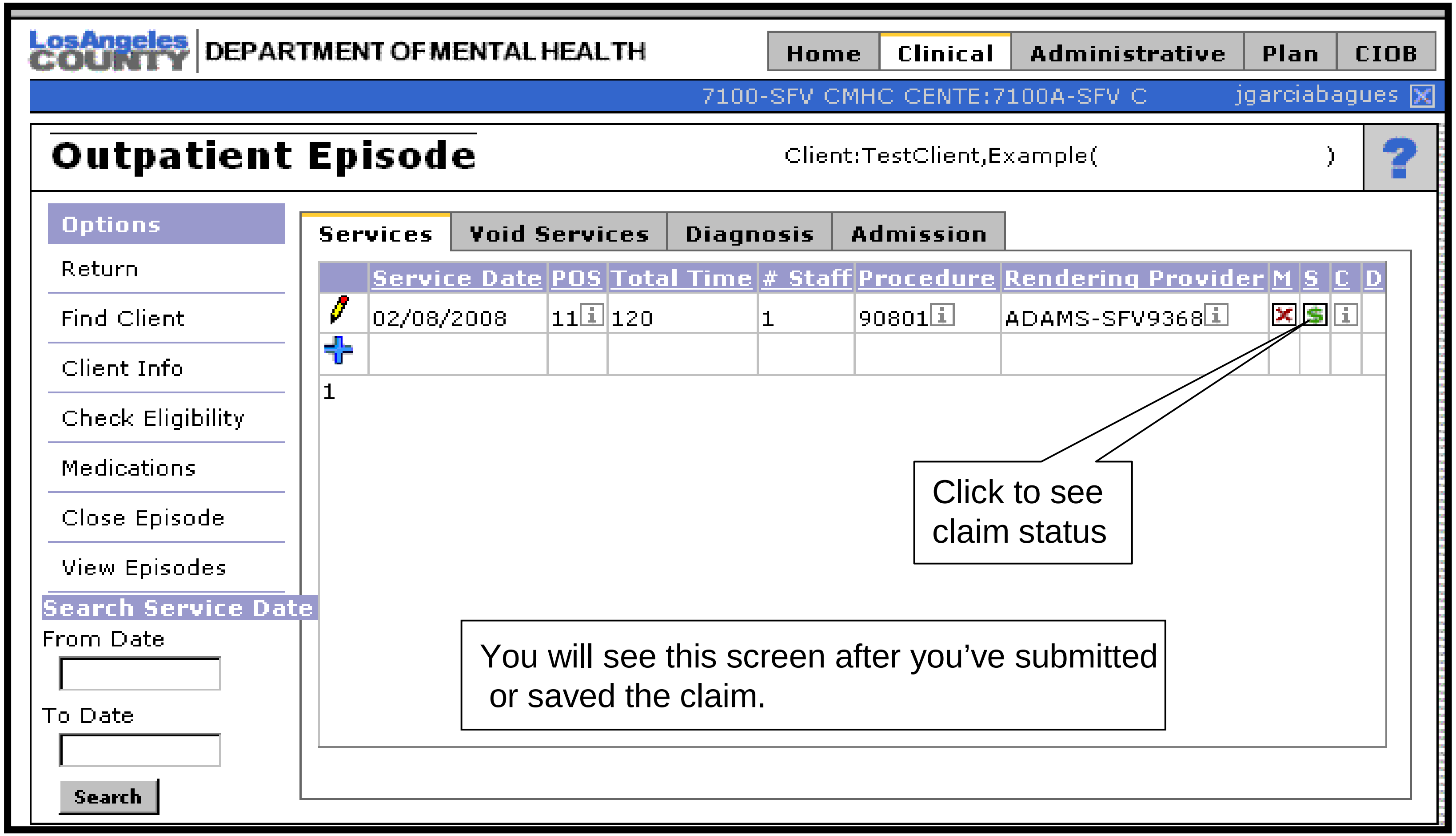
Add Claim



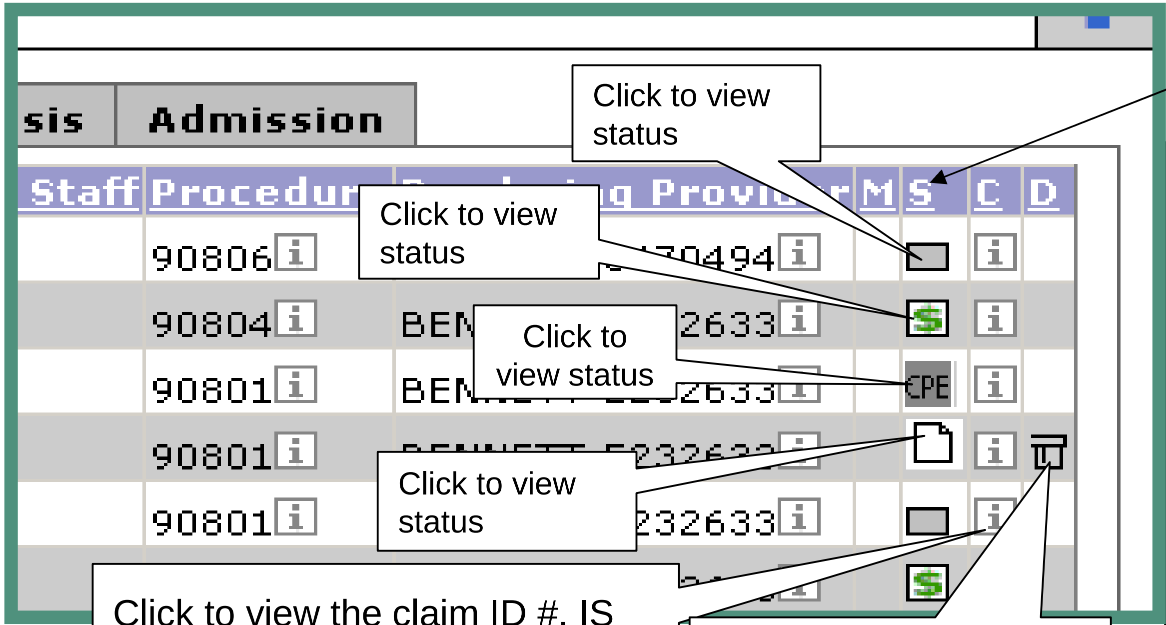
Click to Submit

Or click save to save claim and submit later

Add a Claim


LosAngeles COUNTY
DEPARTMENT OF MENTAL HEALTH
Home
Clinical
Administrative
Plan
CIOB
7100-SFV CMHC CENTE:7100A-SFV C
jgarciabagues
Outpatient Episode
Client:TestClient,Example( )
Options
Return
Find Client
Client Info
Check Eligibility
Medications
Close Episode
View Episodes
Search Service Date
From Date
To Date
Search
Services
Void Services
Diagnosis
Admission
Service Date
POS
Total Time
Staff
Procedure
Rendering Provider
M
S
C
D
02/08/2008
11
120
1
90801
ADAMS-SFV9368
1
Click to see claim status
You will see this screen after you've submitted or saved the claim.

Claim Status Icons Under "S" Column in Episode Screen



Click to view status

Click to view status

Click to view status

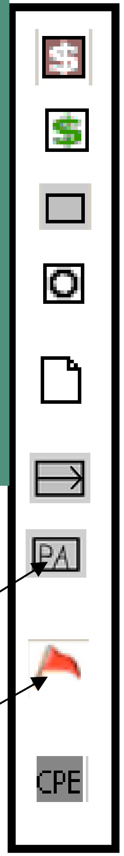
Click to view status

Click to view the claim ID #, IS claim #, and submit date

Since this service has not been claimed, you have the option to delete it.

You should not see these icons. If you do, please call the CIOB help desk.

Claim Status Icon under 'S" column in the Episode Screen



(Red) Denied Claim

(Green) Approved

Pending

Claim Saved, not yet Submitted

Service Saved, not yet Claimed

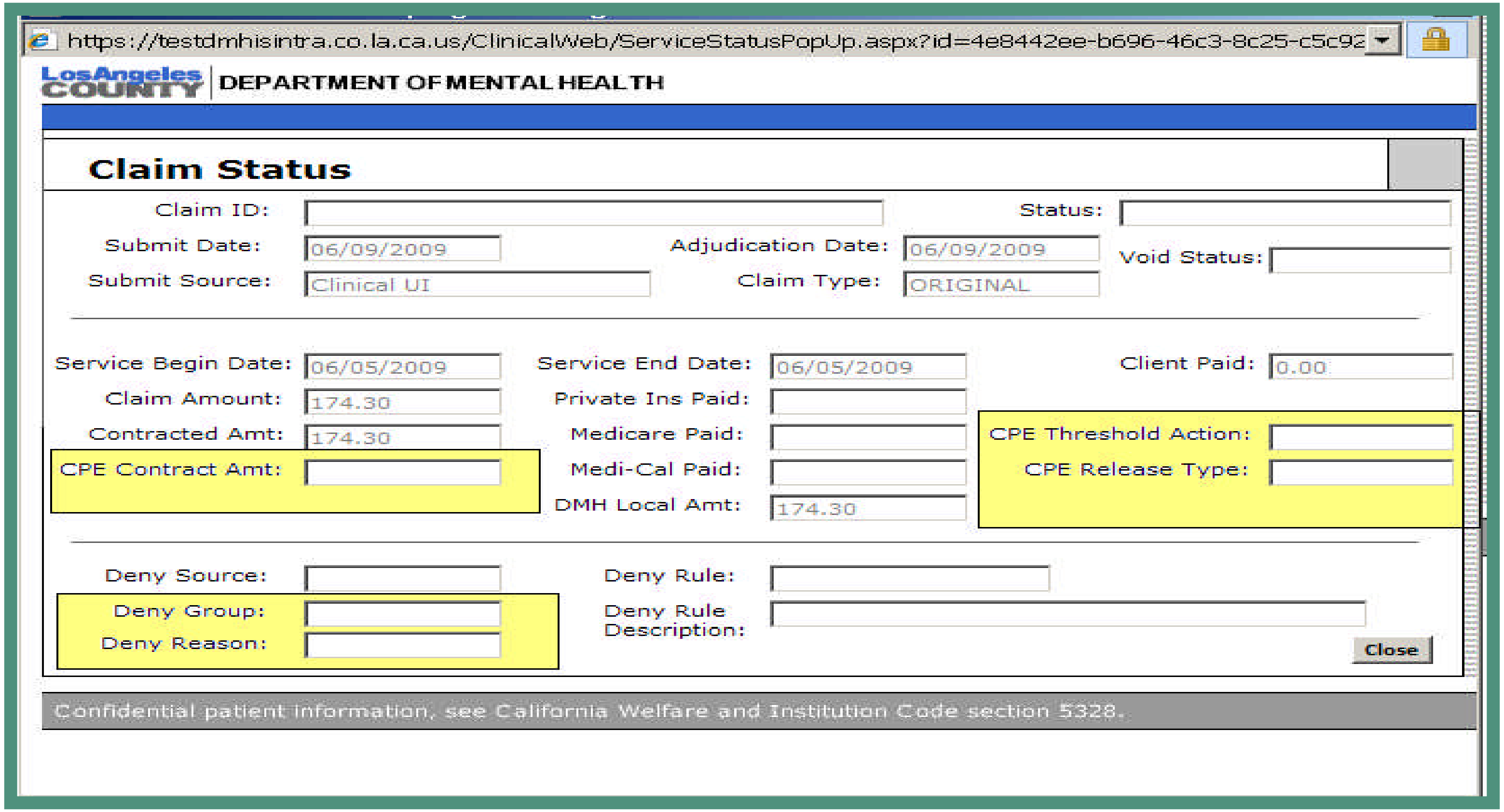
Forwarded

Pending Adjudication

Submitted

Pending CPE

Sample of Claim Status with new added CPE Fields



https://testdmhisintra.co.la.ca.us/ClinicalWeb/ServiceStatusPopUp.aspx?id=4e8442ee-b696-46c3-8c25-c5c92

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Claim Status

Claim ID:

Status:

Submit Date: 06/09/2009

Adjudication Date: 06/09/2009

Void Status:

Submit Source: Clinical UI

Claim Type: ORIGINAL

Service Begin Date: 06/05/2009

Service End Date: 06/05/2009

Client Paid: 0.00

Claim Amount: 174.30

Private Ins Paid:

Contracted Amt: 174.30

Medicare Paid:

CPE Threshold Action:

CPE Contract Amt:

Medi-Cal Paid:

CPE Release Type:

DMH Local Amt: 174.30

Deny Source:

Deny Rule:

Deny Group:

Deny Reason:

Deny Rule Description:

Close

Confidential patient information, see California Welfare and Institution Code section 5328.

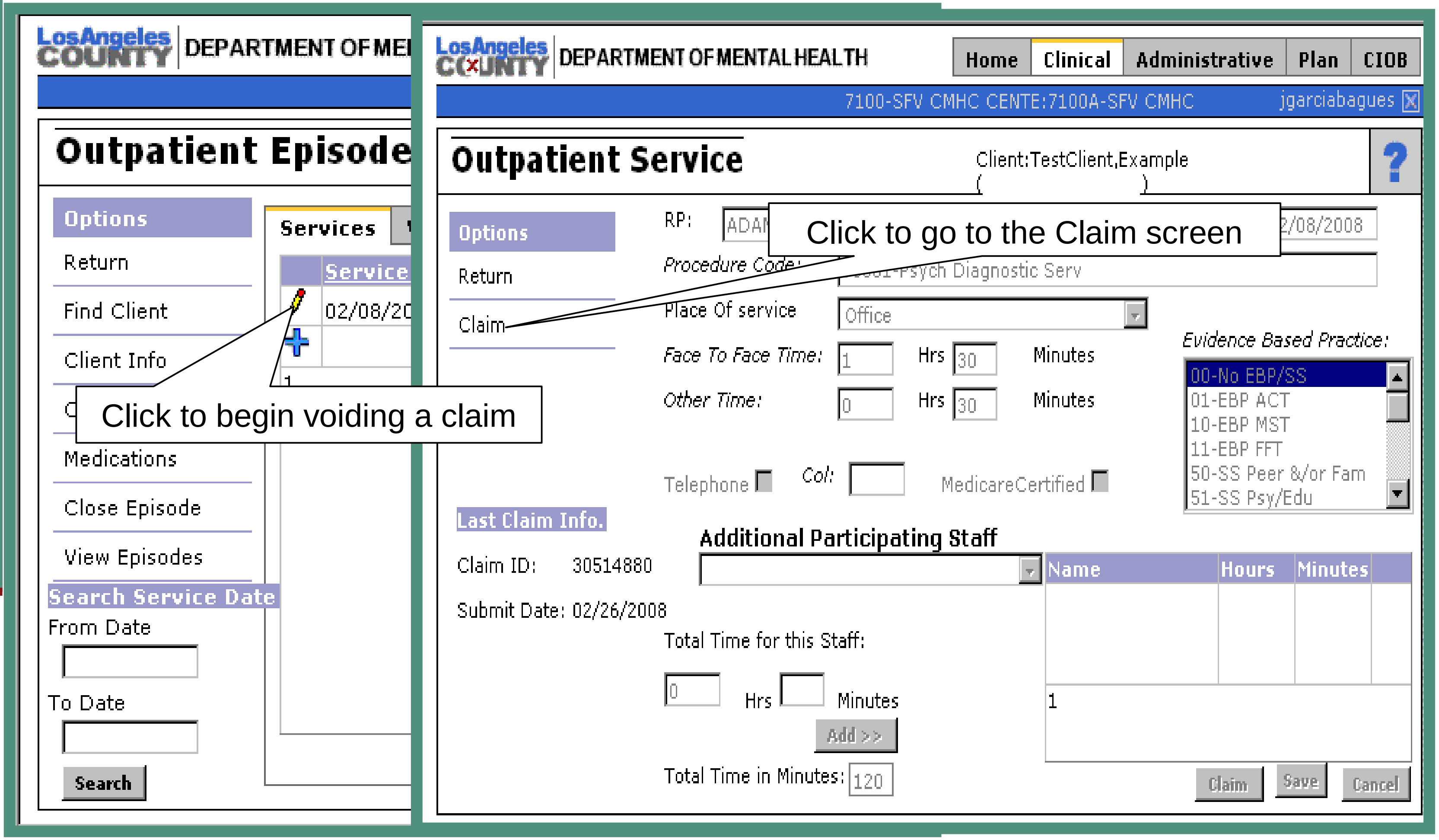
highlighted fields are the new added fields

EXERCISE 11

Void and Replace:

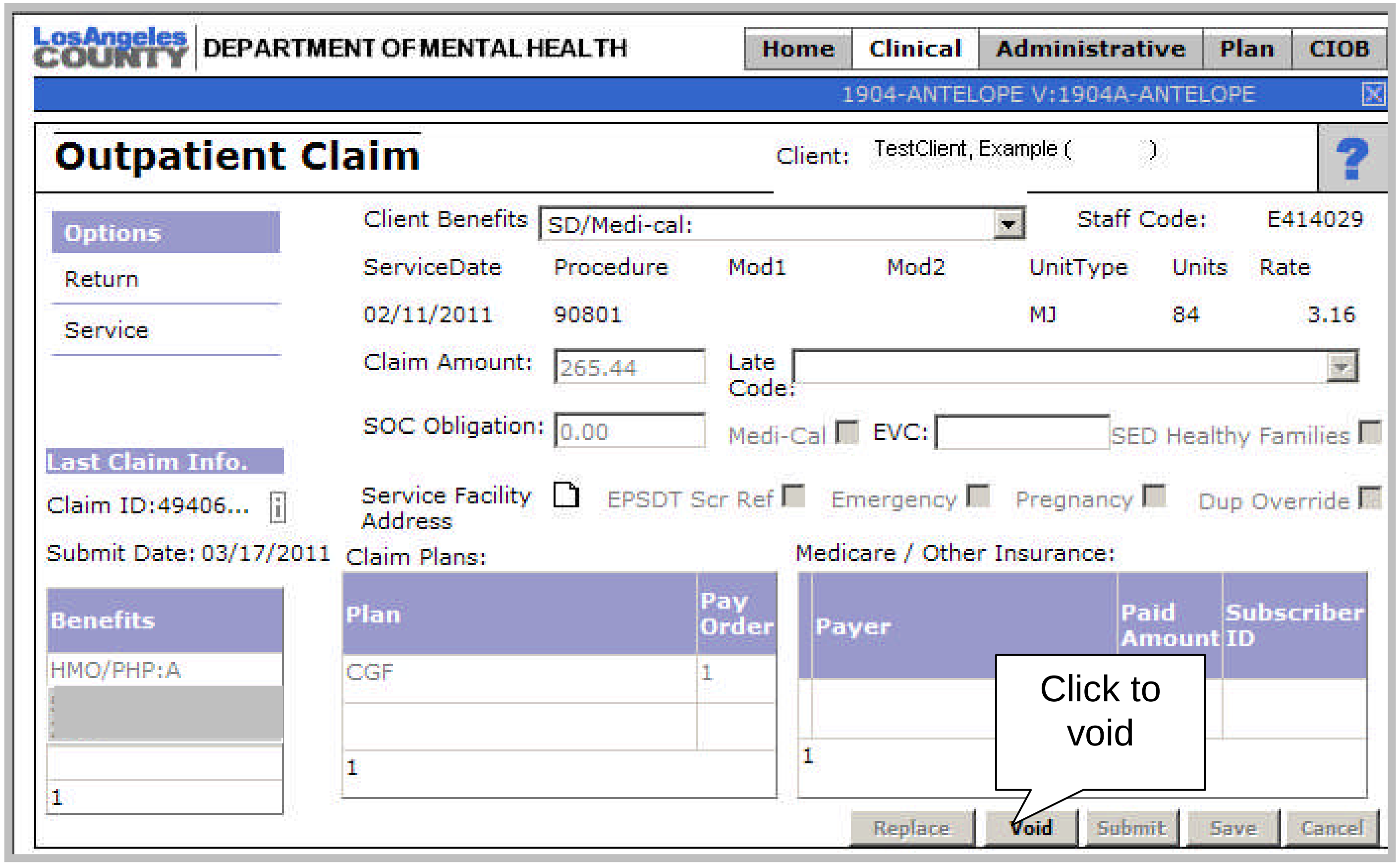
- Void a Claim
- Replace a Claim

Void Claims

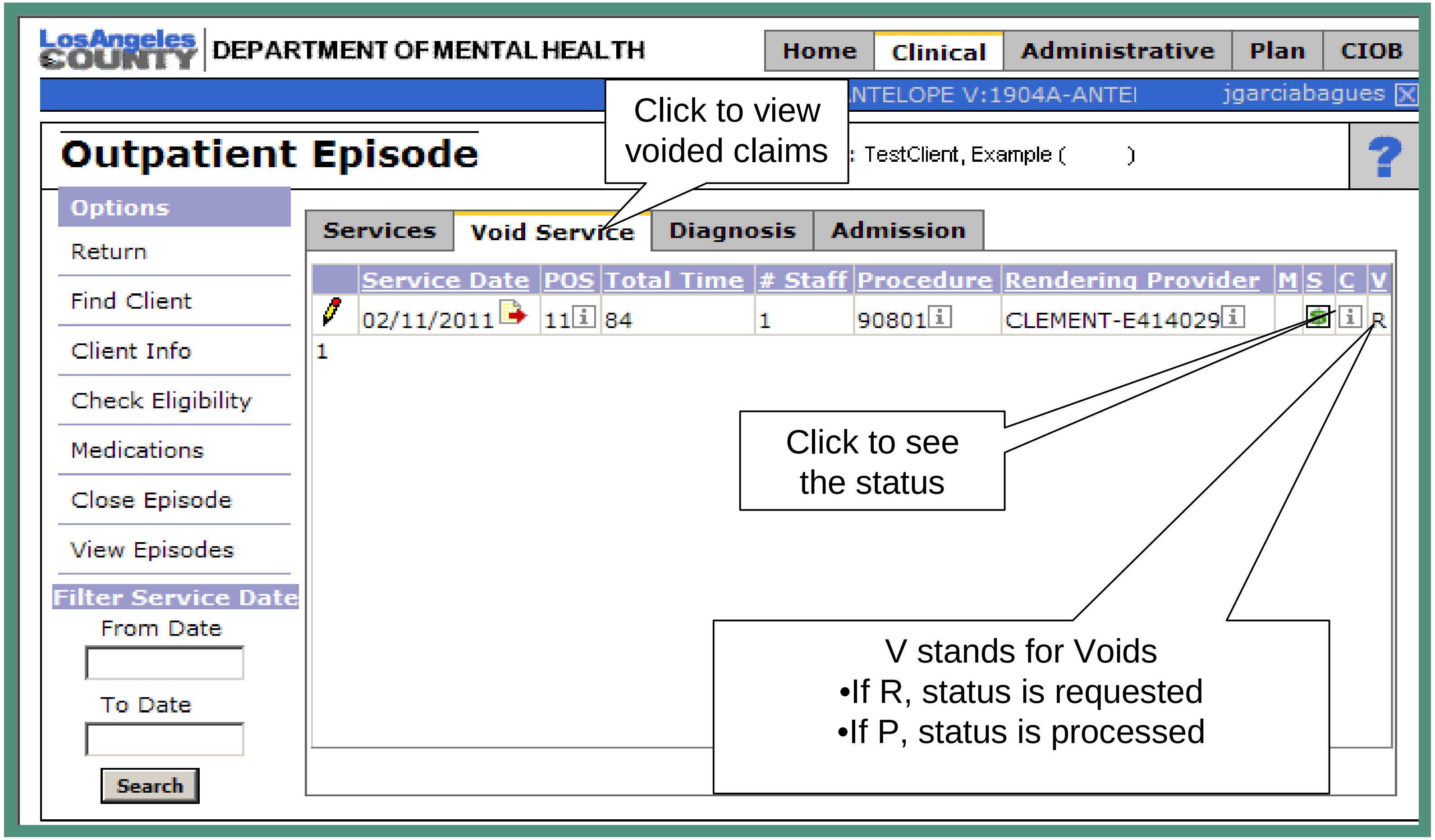


DEPARTMENT OF MENTAL HEALTH
Outpatient Episode
Options
Return
Find Client
Client Info
Medications
Close Episode
View Episodes
Search Service Date
From Date
To Date
Search
Services
Service
02/08/20
Click to begin voiding a claim
Home
Clinical
Administrative
Plan
CIOB
7100-SFV CMHC CENTE:7100A-SFV CMHC
jgarciabagues
Outpatient Service
Client:TestClient,Example
Options
Return
Claim
Click to go to the Claim screen
RP:
Procedure Code:
Psych Diagnostic Serv
Place Of service
Office
Face To Face Time:
Hrs
Minutes
Other Time:
Evidence Based Practice:
00-No EBP/SS
01-EBP ACT
10-EBP MST
11-EBP FFT
50-SS Peer &/or Fam
51-SS Psy/Edu
Telephone
CoI:
MedicareCertified
Last Claim Info.
Claim ID: 30514880
Submit Date: 02/26/2008
Additional Participating Staff
Name
Hours
Minutes
Total Time for this Staff:
Add >>
Total Time in Minutes: 120
Claim
Save
Cancel

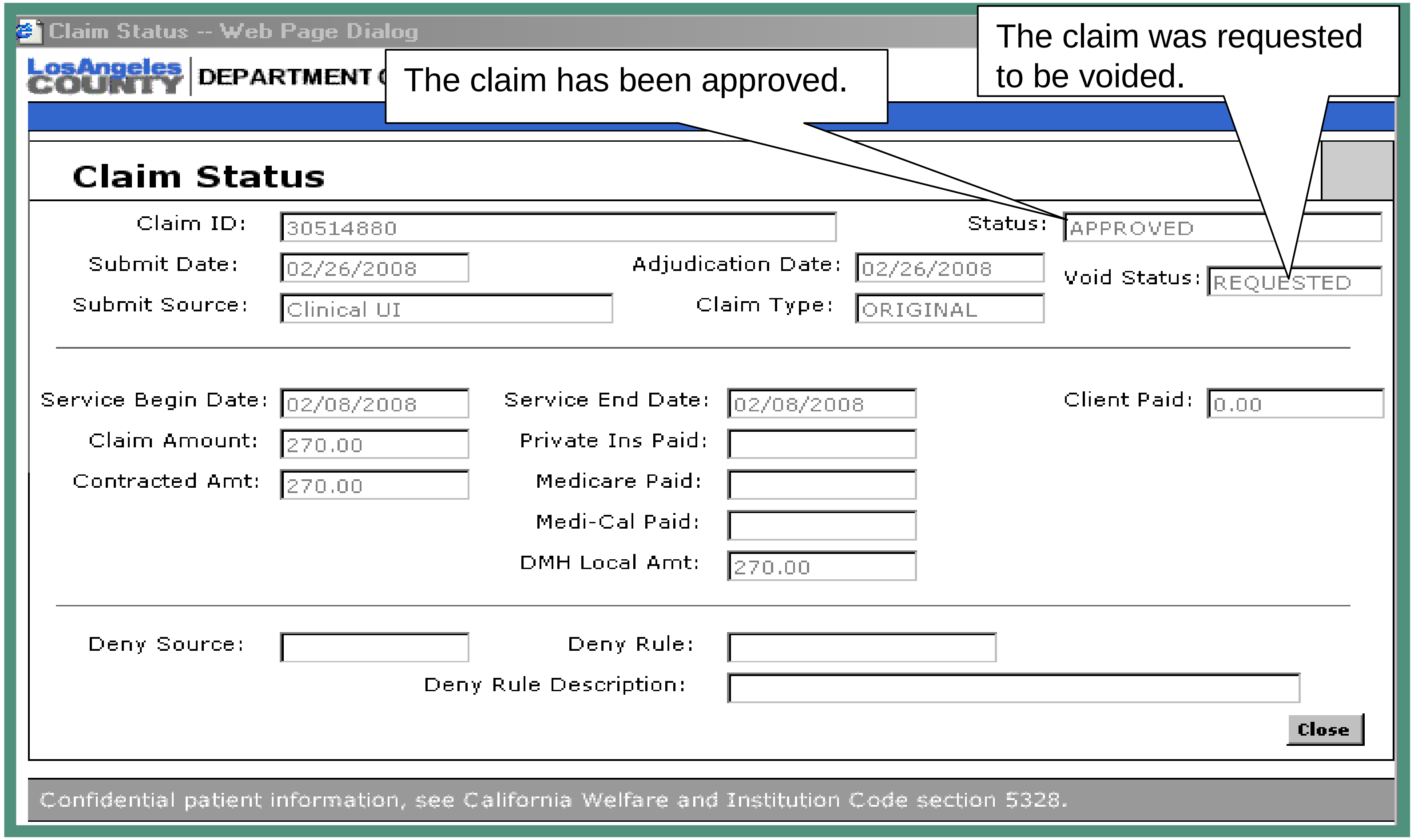
Void Claims


LosAngeles COUNTY
DEPARTMENT OF MENTAL HEALTH
Home
Clinical
Administrative
Plan
CIOB
1904-ANTELOPE V:1904A-ANTELOPE
Outpatient Claim
Client: TestClient, Example ( )
Options
Return
Service
Client Benefits SD/Medi-cal:
Staff Code: E414029
ServiceDate Procedure Mod1 Mod2 UnitType Units Rate
02/11/2011 90801 MJ 84 3.16
Claim Amount: 265.44
Late Code:
SOC Obligation: 0.00
Medi-Cal
EVC:
SED Healthy Families
Last Claim Info.
Claim ID:49406...
Service Facility Address
EPSDT Scr Ref
Emergency
Pregnancy
Dup Override
Submit Date: 03/17/2011
Claim Plans:
Medicare / Other Insurance:
Benefits
HMO/PHP:A
Plan
Pay Order
CGF
Payer
Paid Amount
Subscriber ID
Click to void
Replace
Void
Submit
Save
Cancel

Void Claims

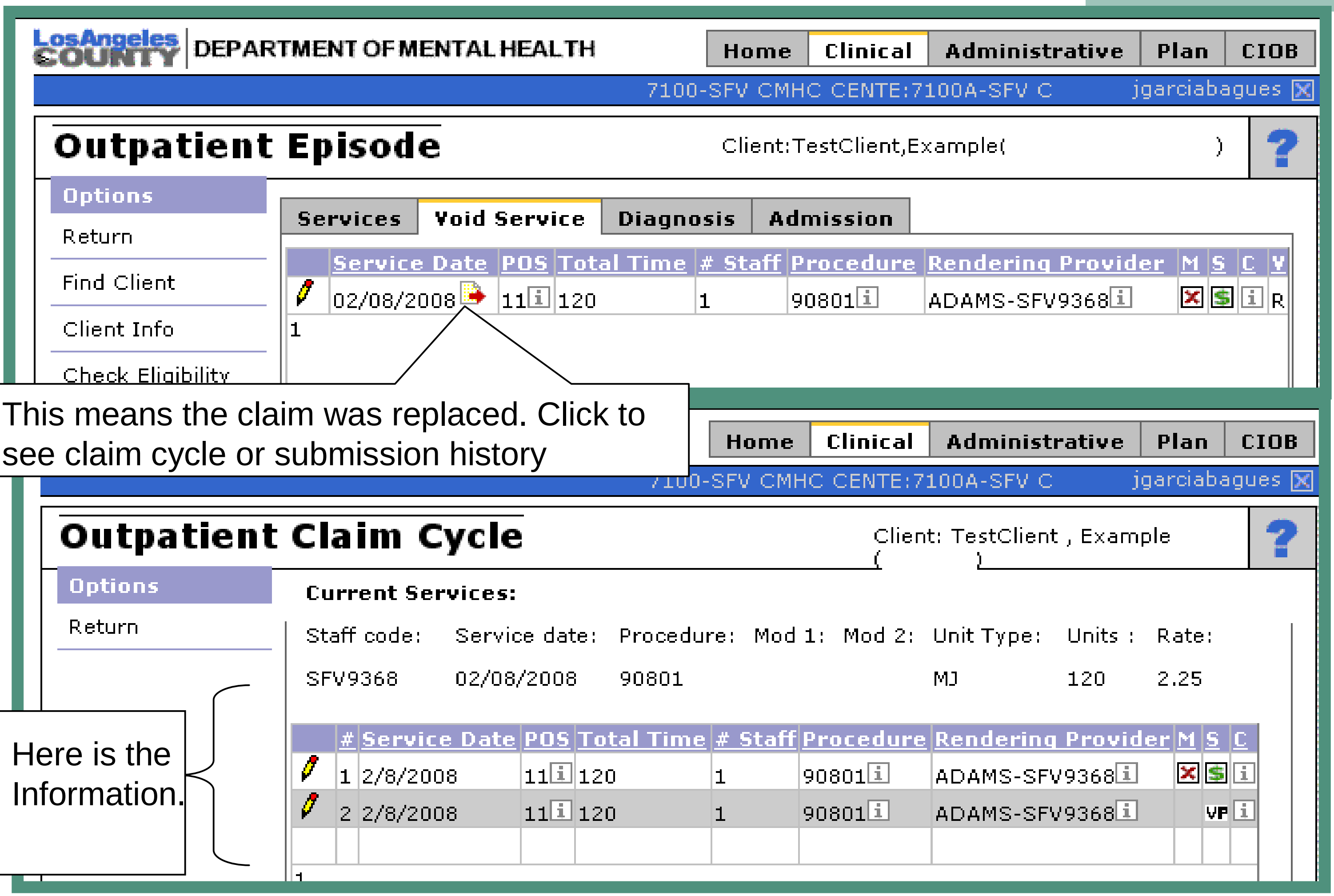

LosAngeles COUNTY
DEPARTMENT OF MENTAL HEALTH
Home
Clinical
Administrative
Plan
CIOB
NTELOPE V:1904A-ANTEI
jgarciabagues
Outpatient Episode
: TestClient, Example (   )
Click to view voided claims
Options
Return
Find Client
Client Info
Check Eligibility
Medications
Close Episode
View Episodes
Filter Service Date
From Date
To Date
Search
Services
Void Service
Diagnosis
Admission
Service Date
POS
Total Time
Staff
Procedure
Rendering Provider
M
S
C
V
02/11/2011
11
84
1
90801
CLEMENT-E414029
R
1
Click to see the status
V stands for Voids
•If R, status is requested
•If P, status is processed

Void Claims



Claim Status -- Web Page Dialog
LosAngeles COUNTY
DEPARTMENT (
The claim has been approved.
The claim was requested to be voided.
Claim Status
Claim ID: 30514880
Status: APPROVED
Submit Date: 02/26/2008
Adjudication Date: 02/26/2008
Void Status: REQUESTED
Submit Source: Clinical UI
Claim Type: ORIGINAL
Service Begin Date: 02/08/2008
Service End Date: 02/08/2008
Client Paid: 0.00
Claim Amount: 270.00
Private Ins Paid:
Contracted Amt: 270.00
Medicare Paid:
Medi-Cal Paid:
DMH Local Amt: 270.00
Deny Source:
Deny Rule:
Deny Rule Description:
Close
Confidential patient information, see California Welfare and Institution Code section 5328.

Void Claims

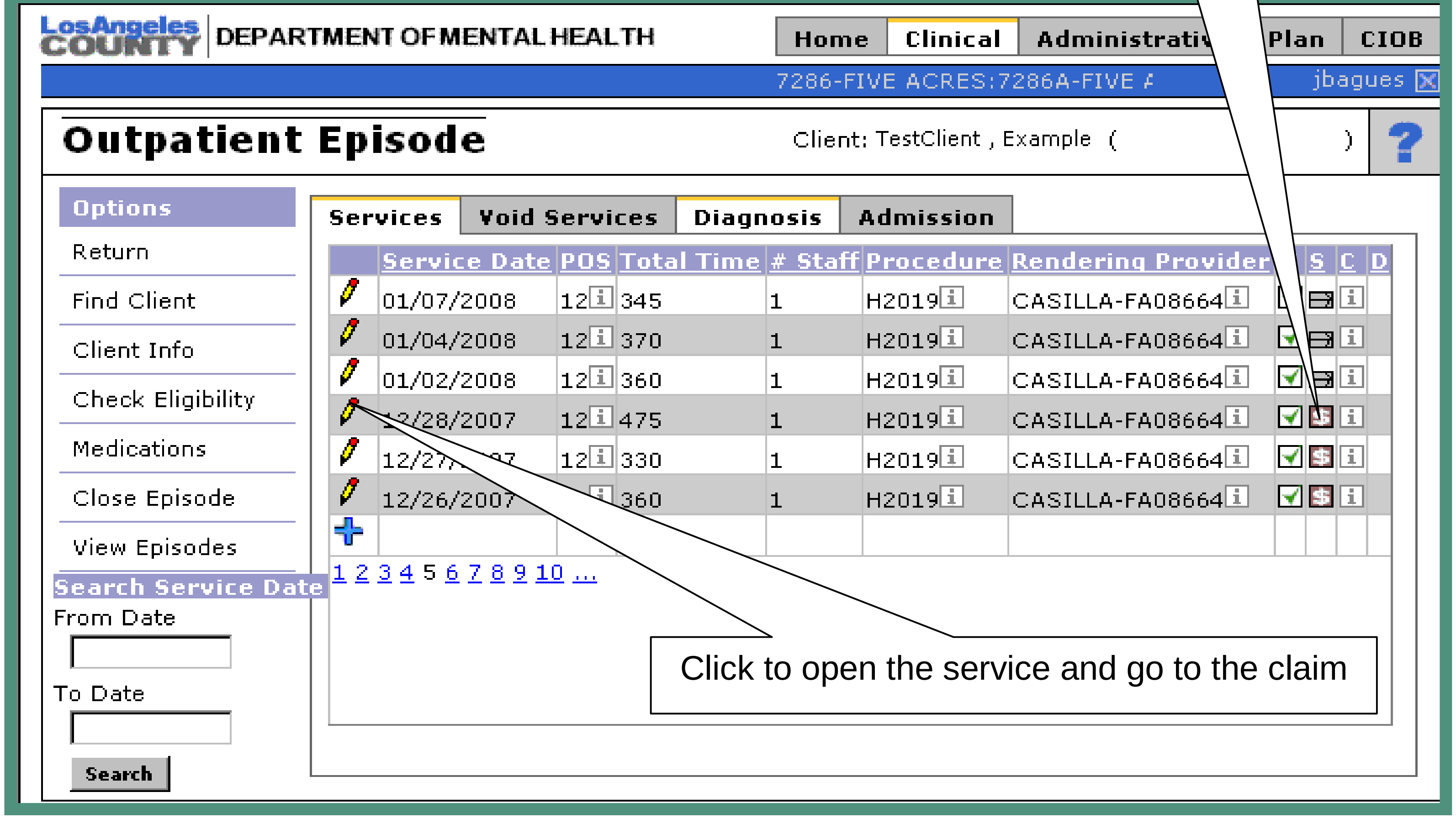


This means the claim was replaced. Click to see claim cycle or submission history

Here is the Information.

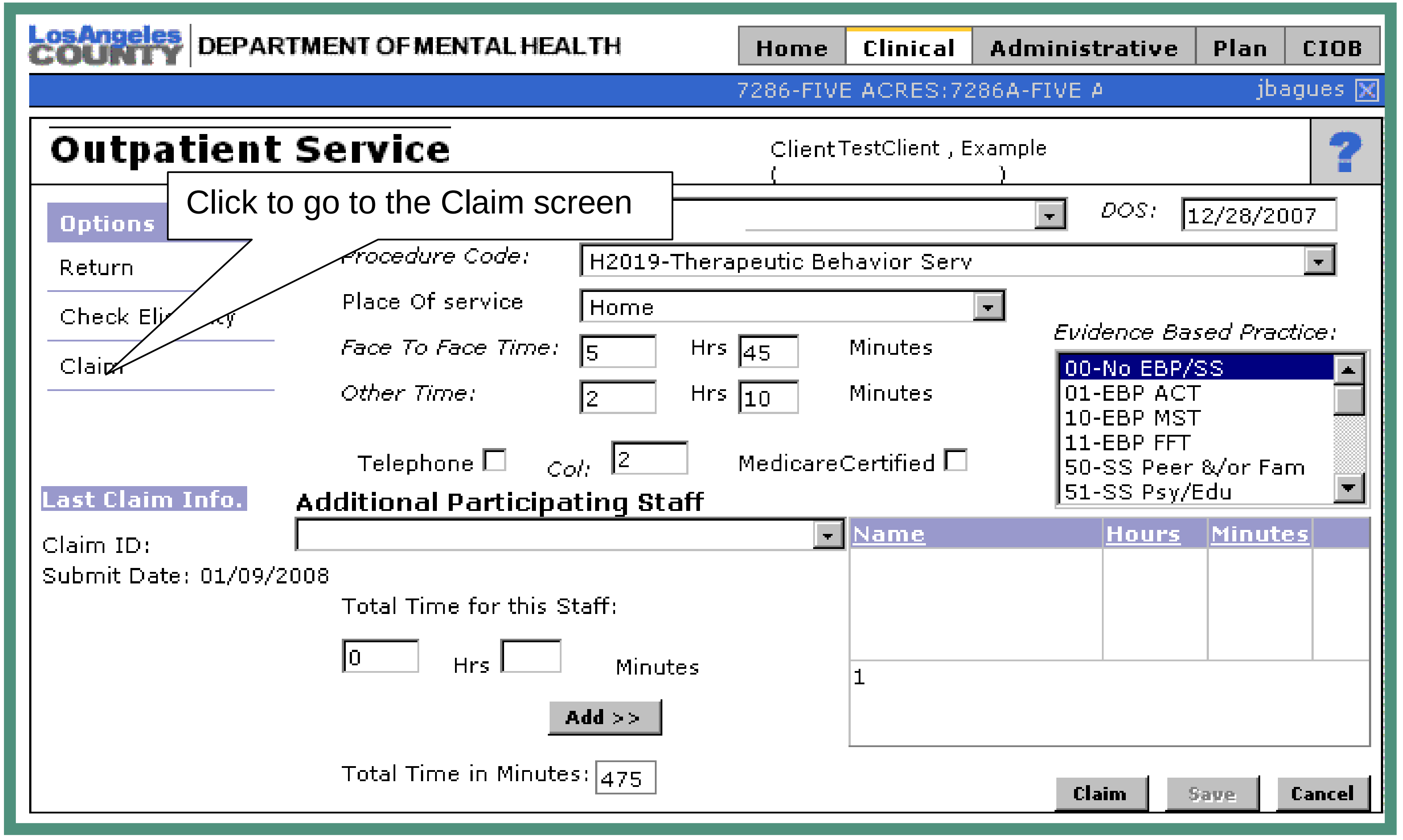
Replace Claims

This means the claim is denied and can be replaced.

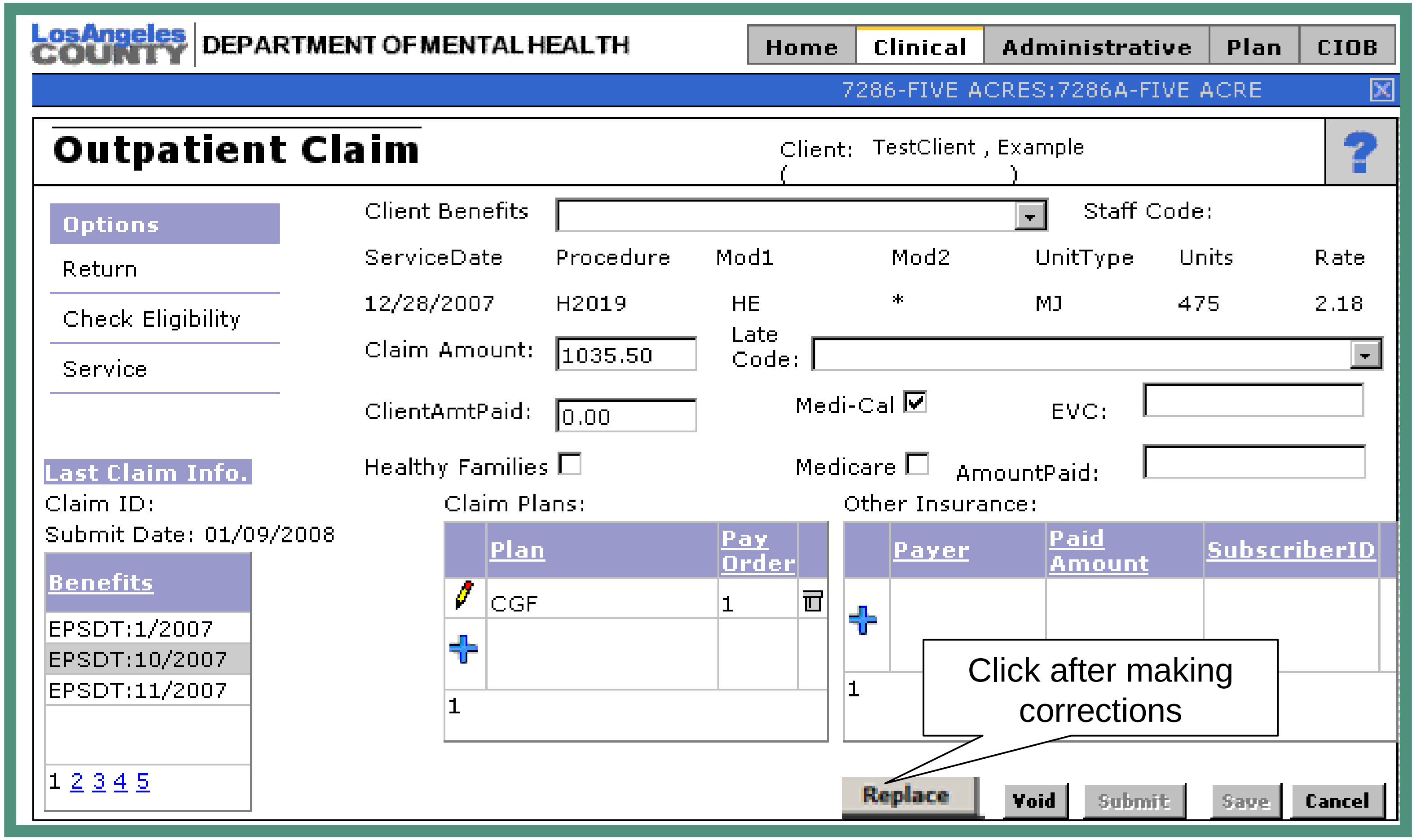


Click to open the service and go to the claim

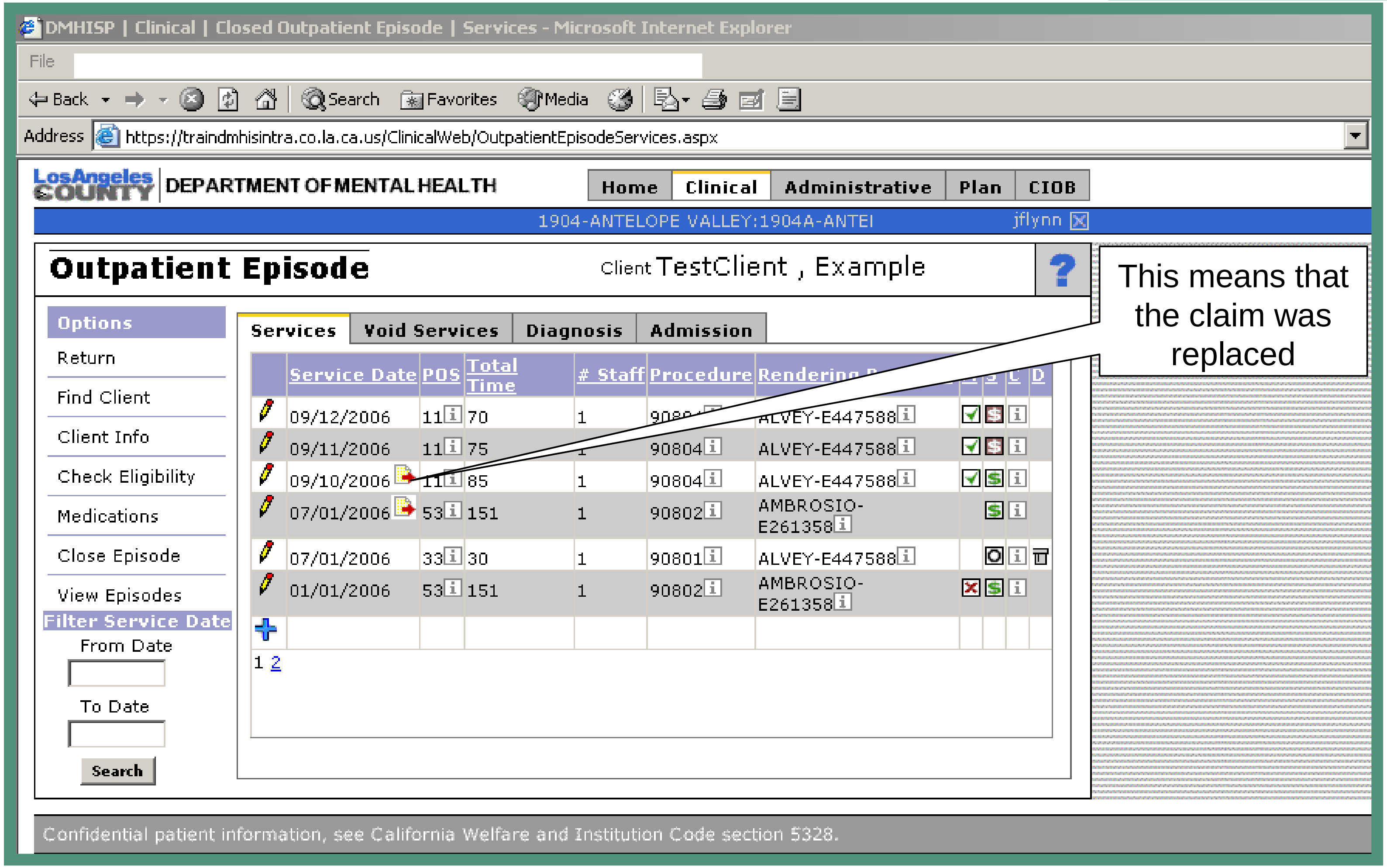
Replace Claims



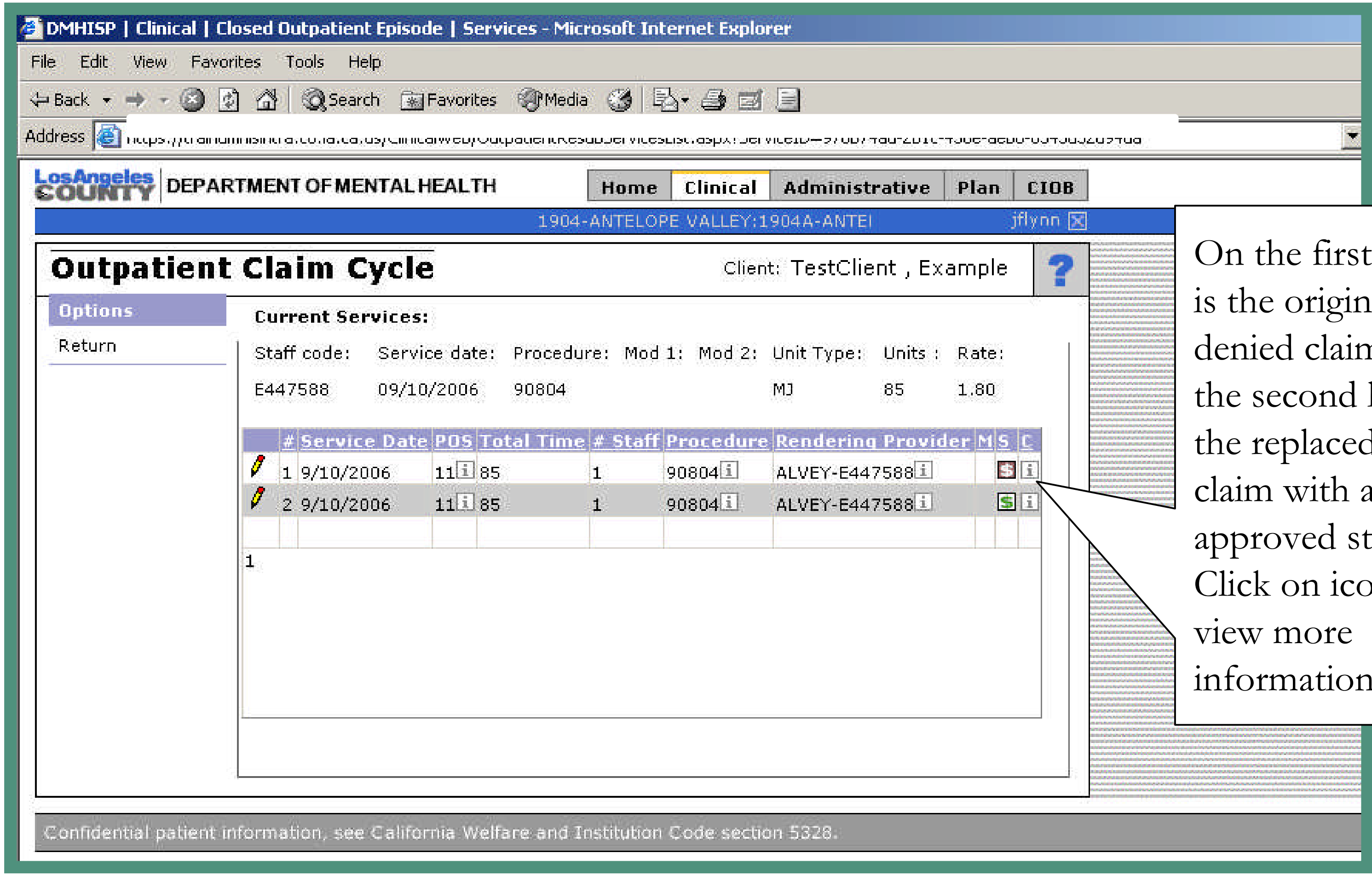
Replace Claims



Replace Claims



Replace Claims



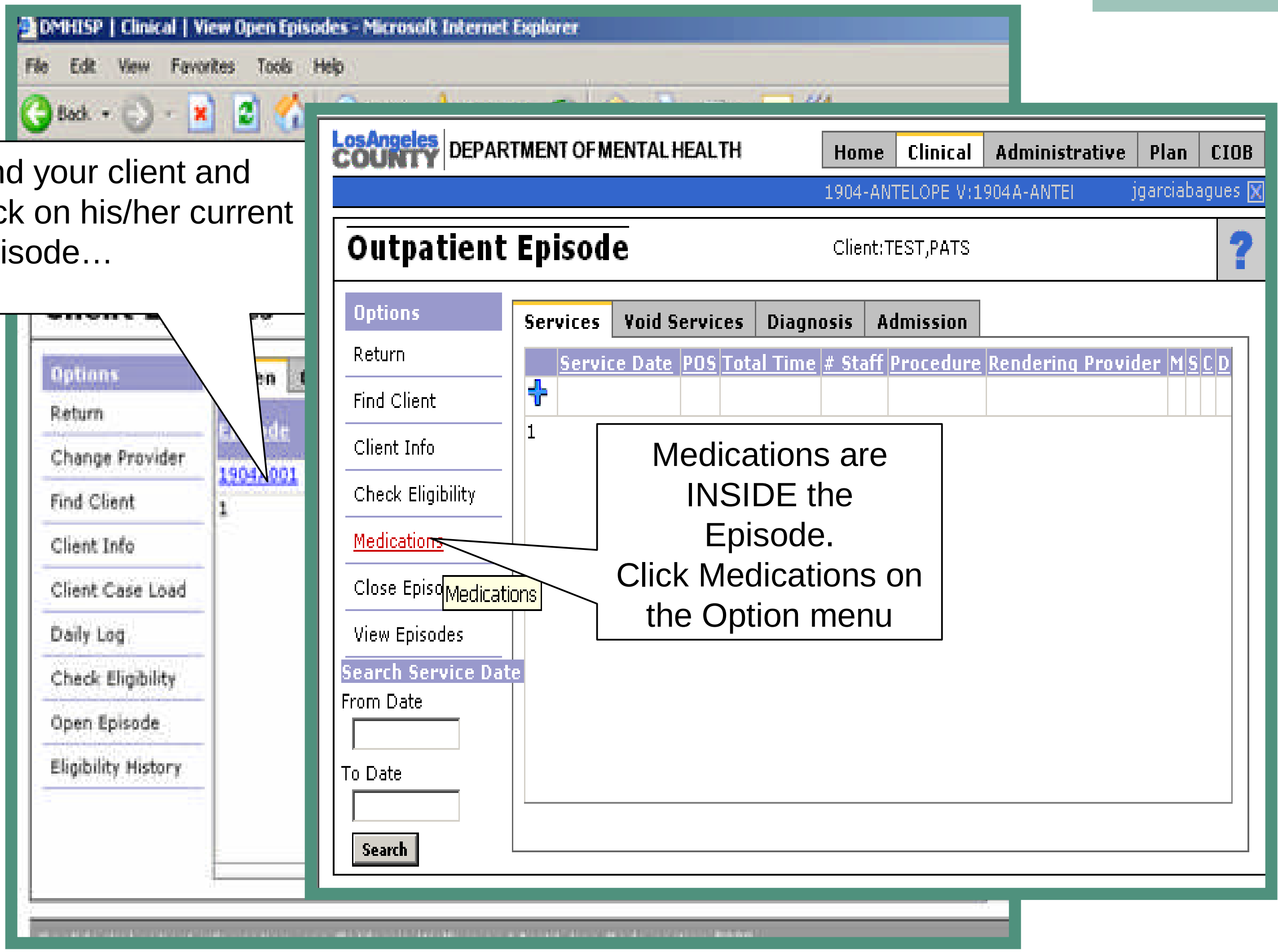
On the first line is the original denied claim. On the second line is the replaced claim with an approved status. Click on icons to view more information

EXERCISE 12

Prescribing Medications:

- Go to the Medications Screen
- Issue an RX Card Number
- Enter Drug Allergies

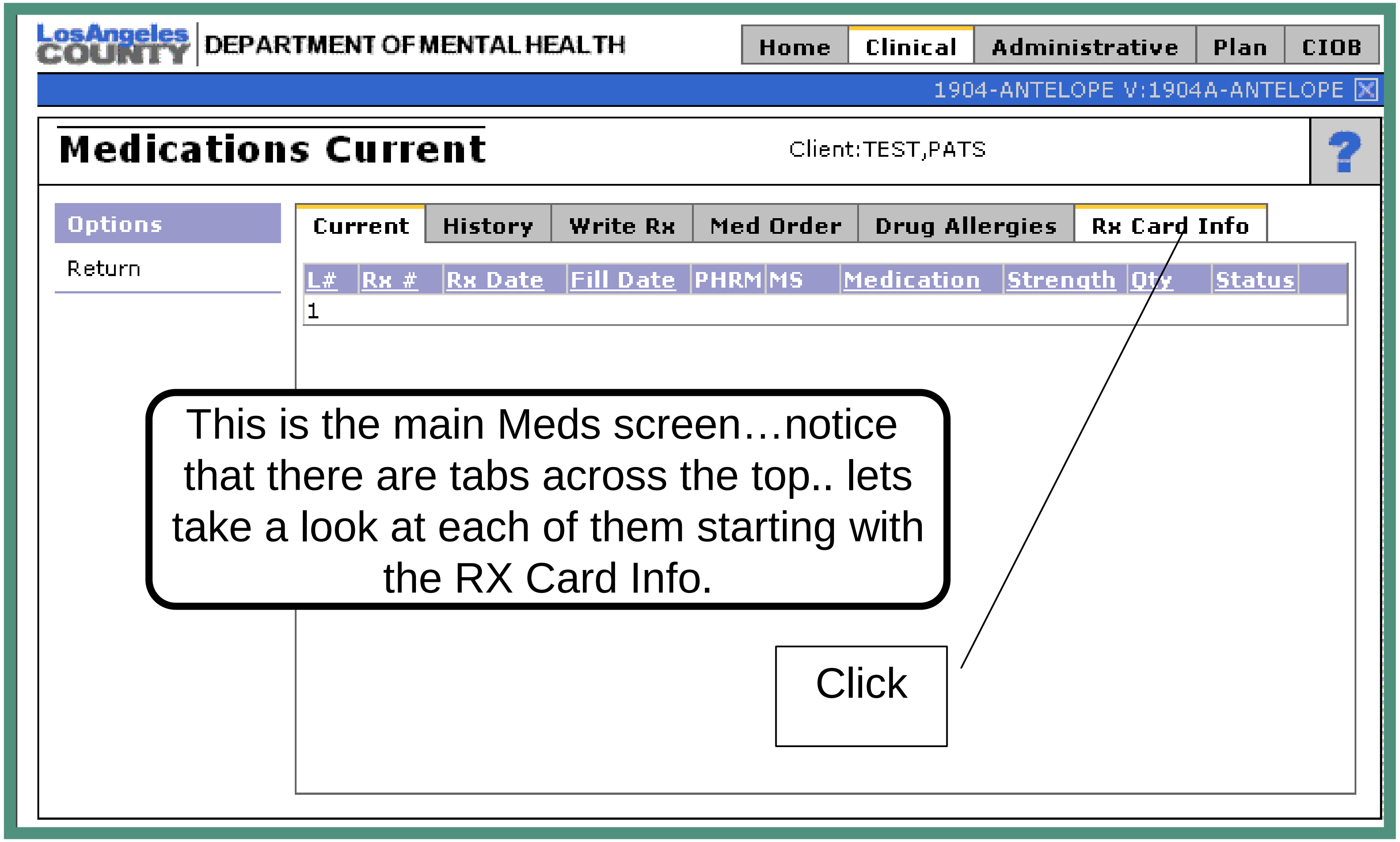
The Medications Screen



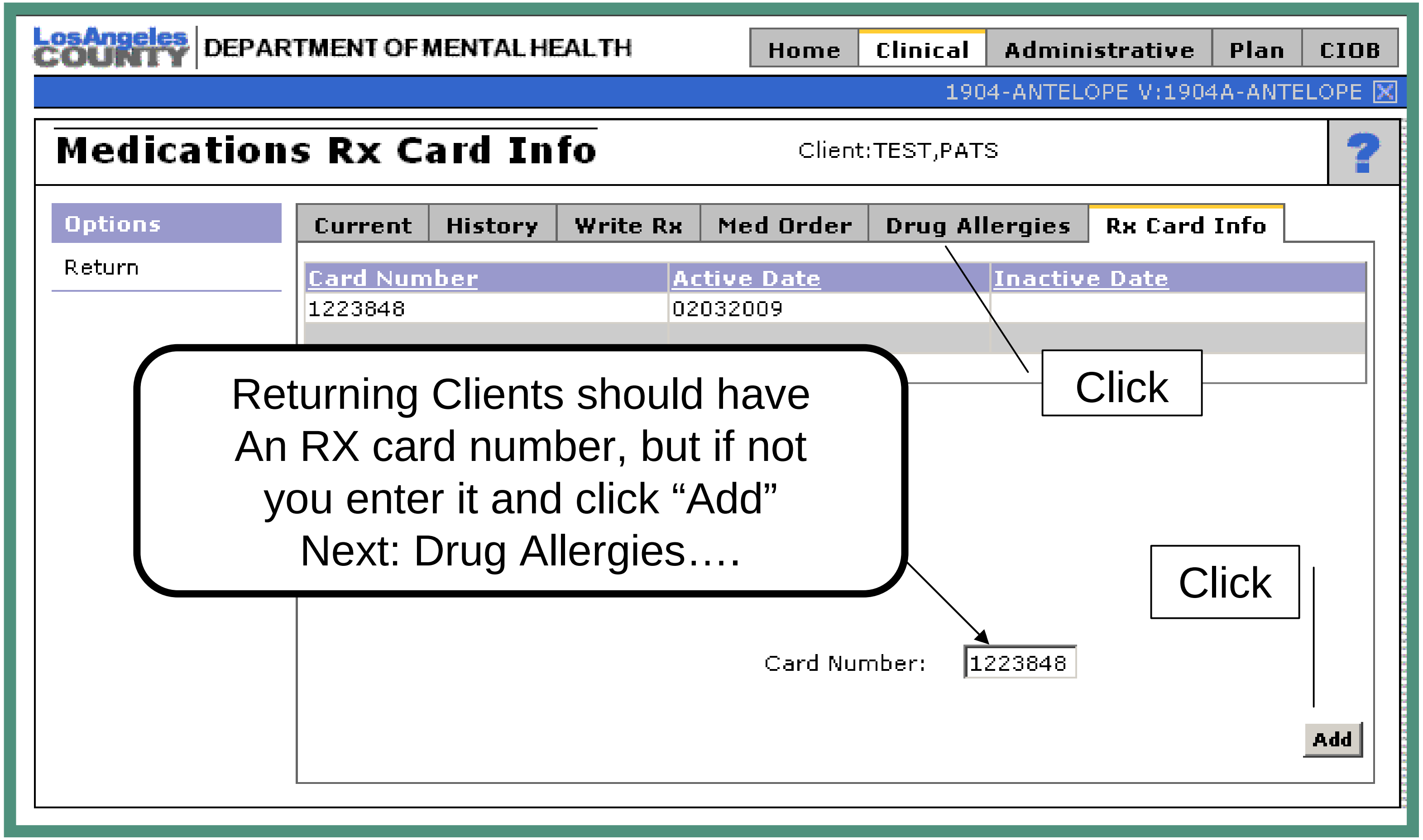
Find your client and click on his/her current Episode…

Medications are INSIDE the Episode.
Click Medications on the Option menu

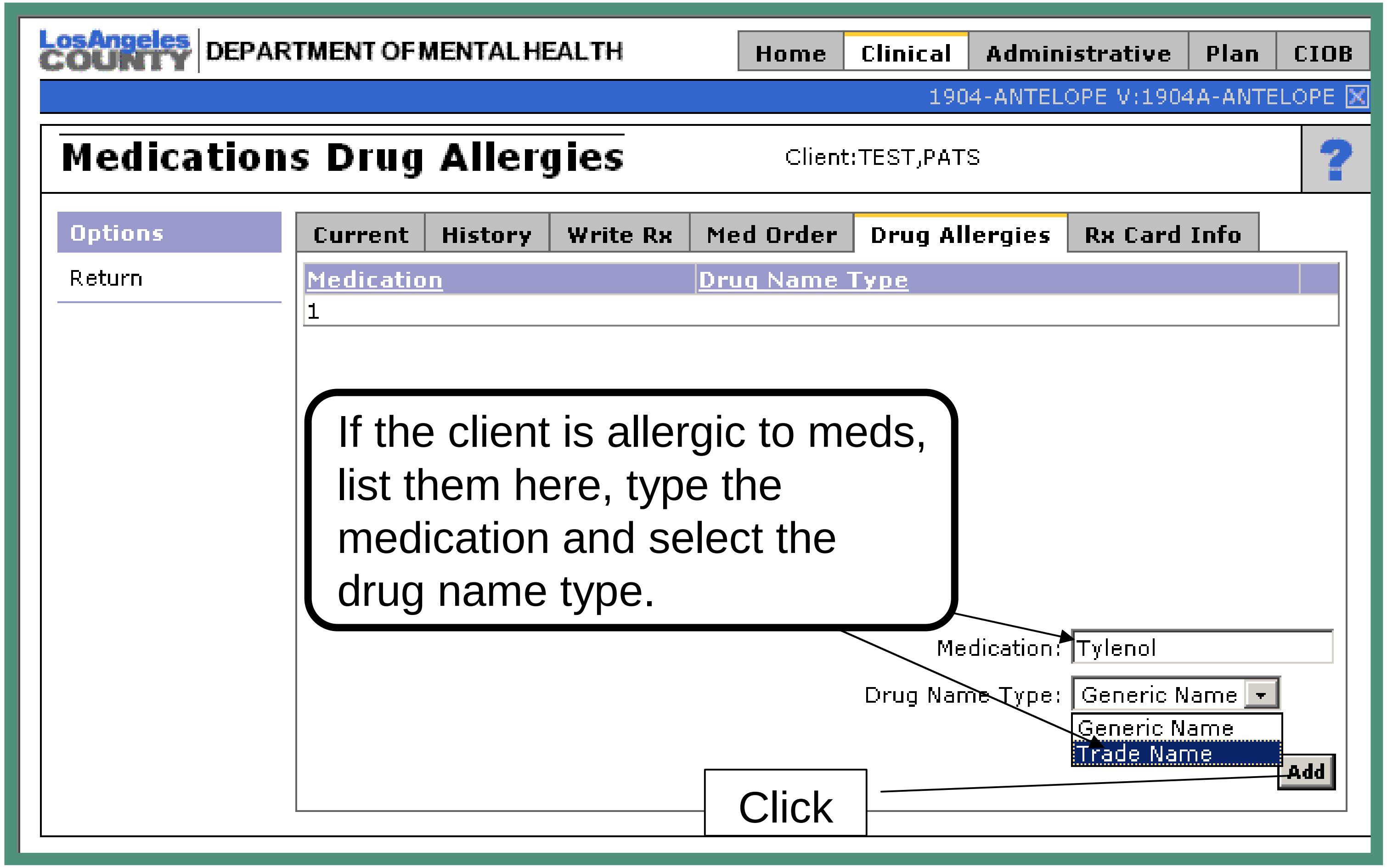
Prescribing Medications



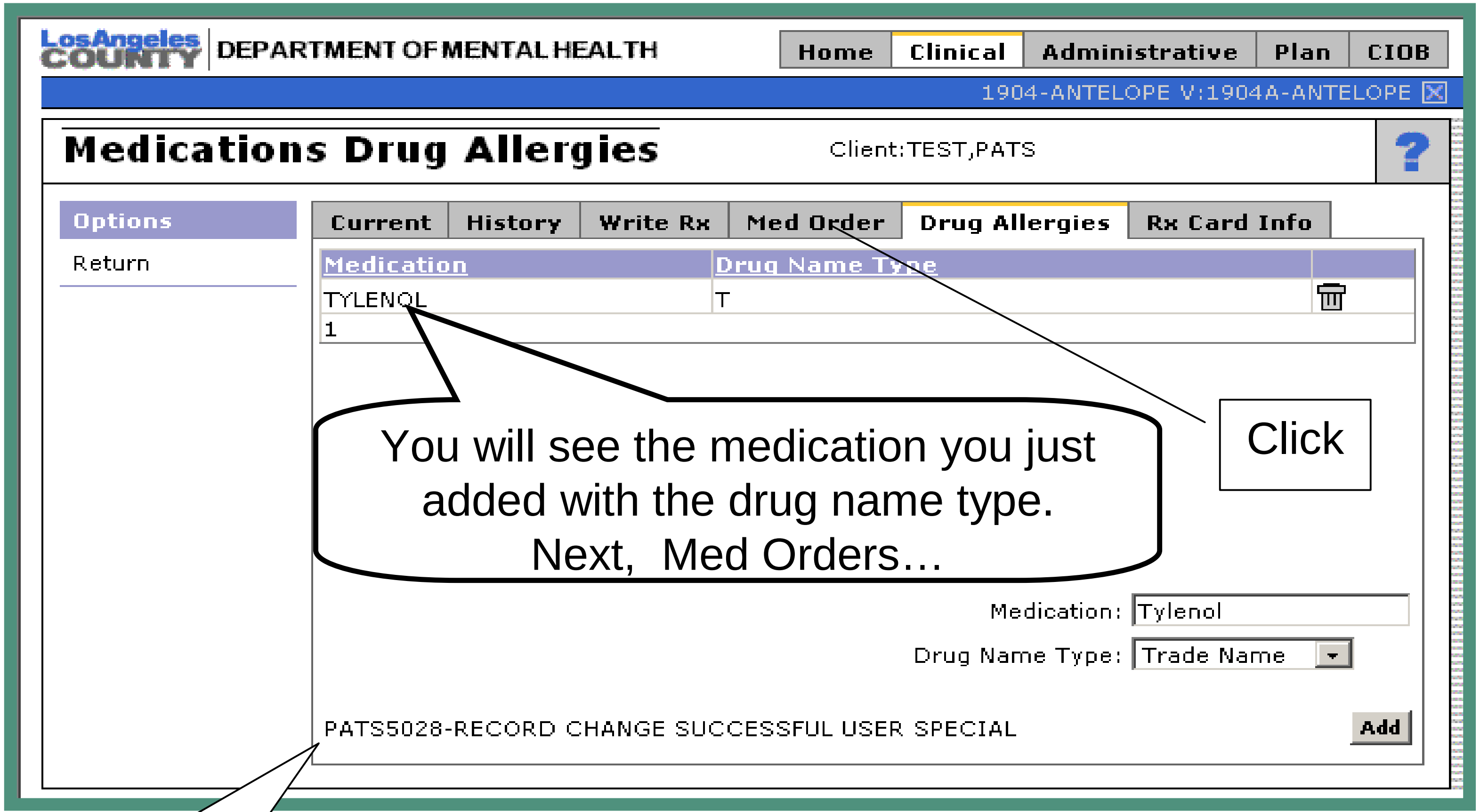
Prescribing Medications: Rx Card



Prescribing Medications: Allergies



Prescribing Medications: Allergies



You will see the medication you just added with the drug name type. Next, Med Orders…

Click

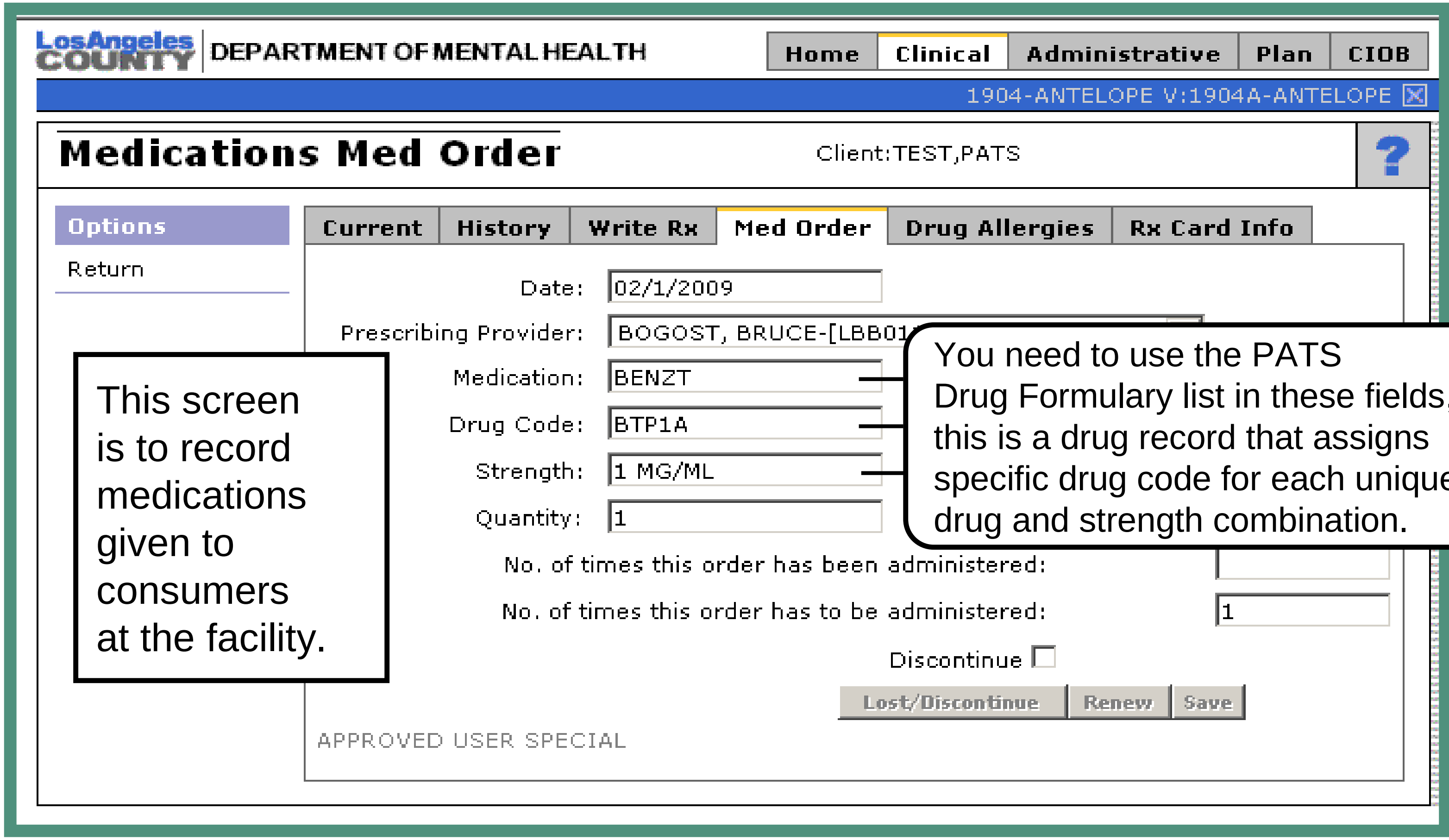
Edit messages are displayed here!

EXERCISE 13

Prescribing Medications:

- Add Medications in Med Order
- Write Rx

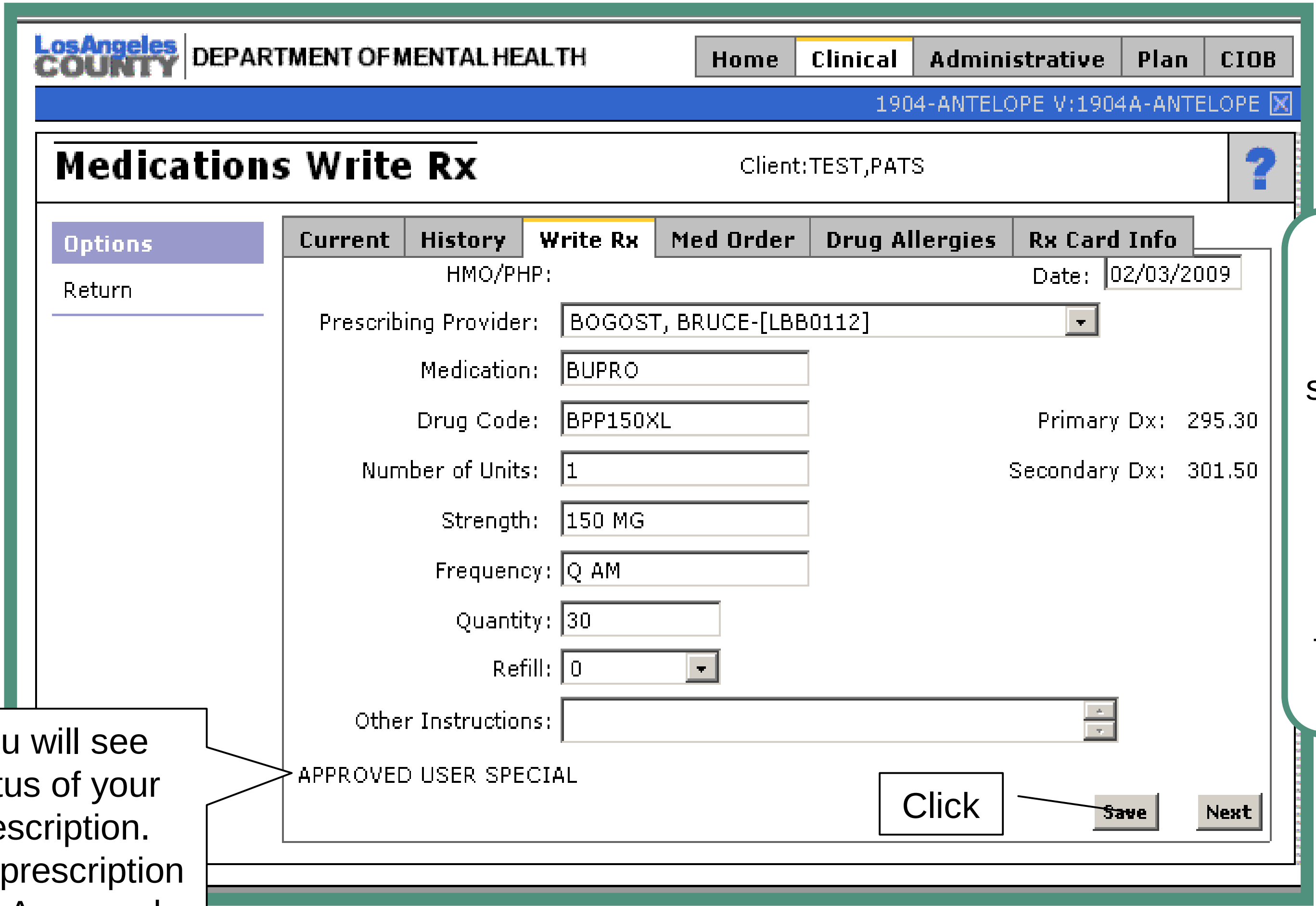
Prescribing Medications: Med Orders



This screen is to record medications given to consumers at the facility.

You need to use the PATS Drug Formulary list in these fields, this is a drug record that assigns specific drug code for each unique drug and strength combination.

Prescribing Medications

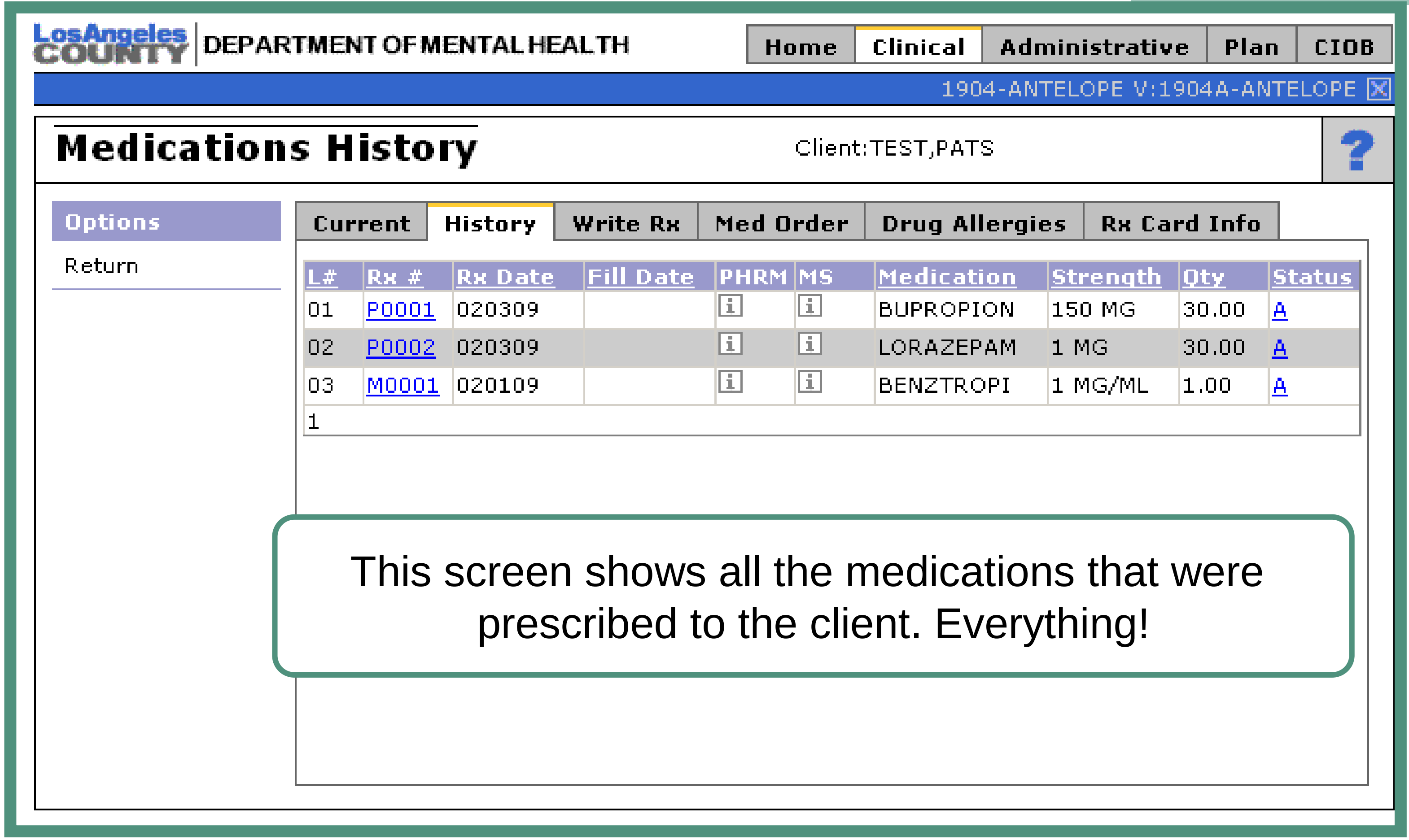


Type in the Prescription. If you entered something under "Frequency" you won't need to enter "Other Instructions". Notice you use the PATS Drug Formulary list.

You will see status of your prescription. This prescription was Approved.

Click

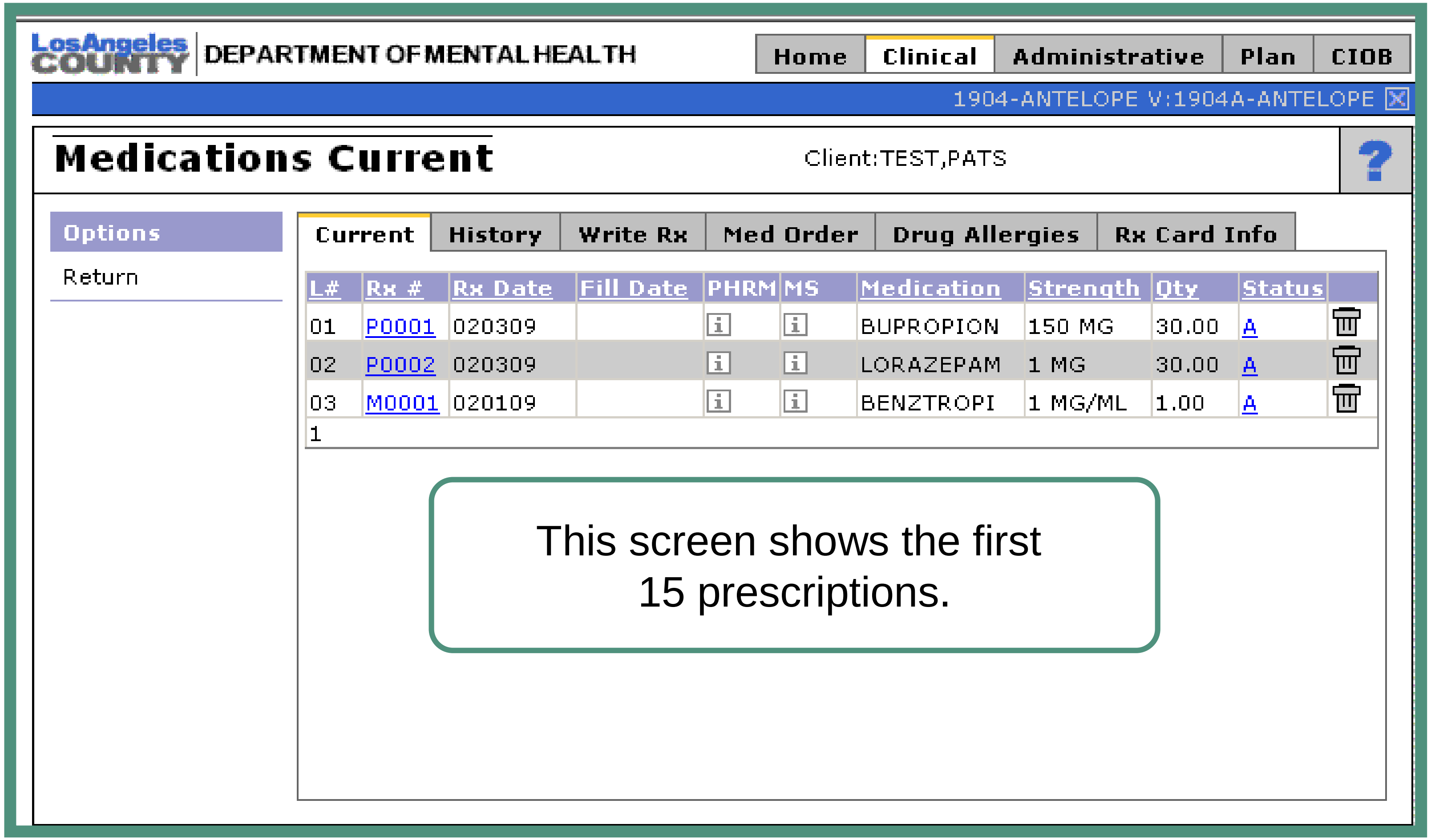
Medications History



L#	Rx #	Rx Date	Fill Date	PHRM	MS	Medication	Strength	Qty	Status
01	P0001	020309		i	i	BUPROPION	150 MG	30.00	A
02	P0002	020309		i	i	LORAZEPAM	1 MG	30.00	A
03	M0001	020109		i	i	BENZTROPI	1 MG/ML	1.00	A
1									

This screen shows all the medications that were prescribed to the client. Everything!

Medications Current



LosAngeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home | Clinical | Administrative | Plan | CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Current Client:TEST,PATS

Options

Return

Current | History | Write Rx | Med Order | Drug Allergies | Rx Card Info

L#	Rx #	Rx Date	Fill Date	PHRM	MS	Medication	Strength	Qty	Status	
01	P0001	020309				BUPROPION	150 MG	30.00	A	
02	P0002	020309				LORAZEPAM	1 MG	30.00	A	
03	M0001	020109				BENZTROPI	1 MG/ML	1.00	A	
1										

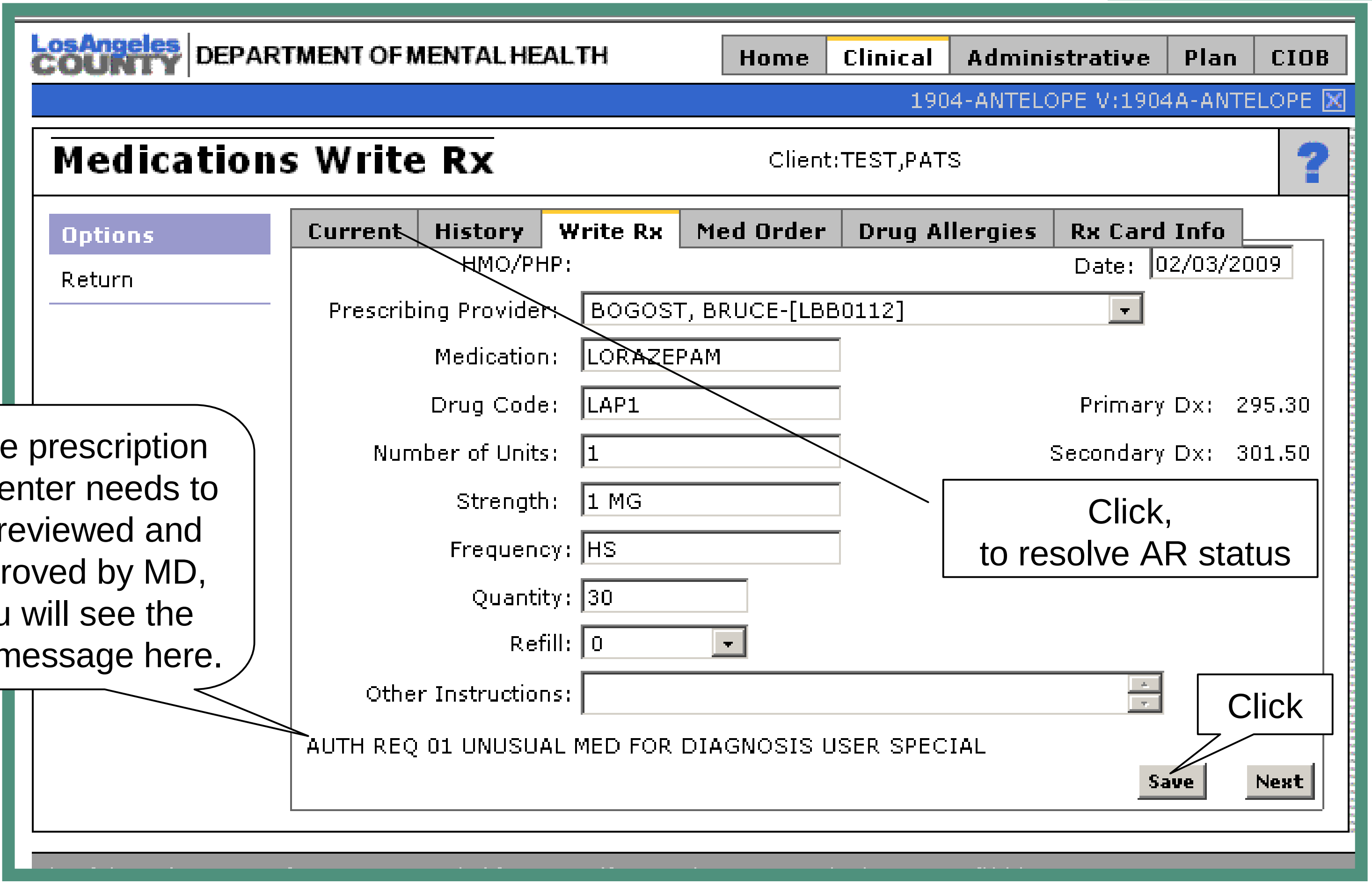
This screen shows the first 15 prescriptions.

EXERCISE 14

Prescribing Medications:

- Resolve an Authorization Required
- Renew/Refill a Prescription

Prescribing Medications

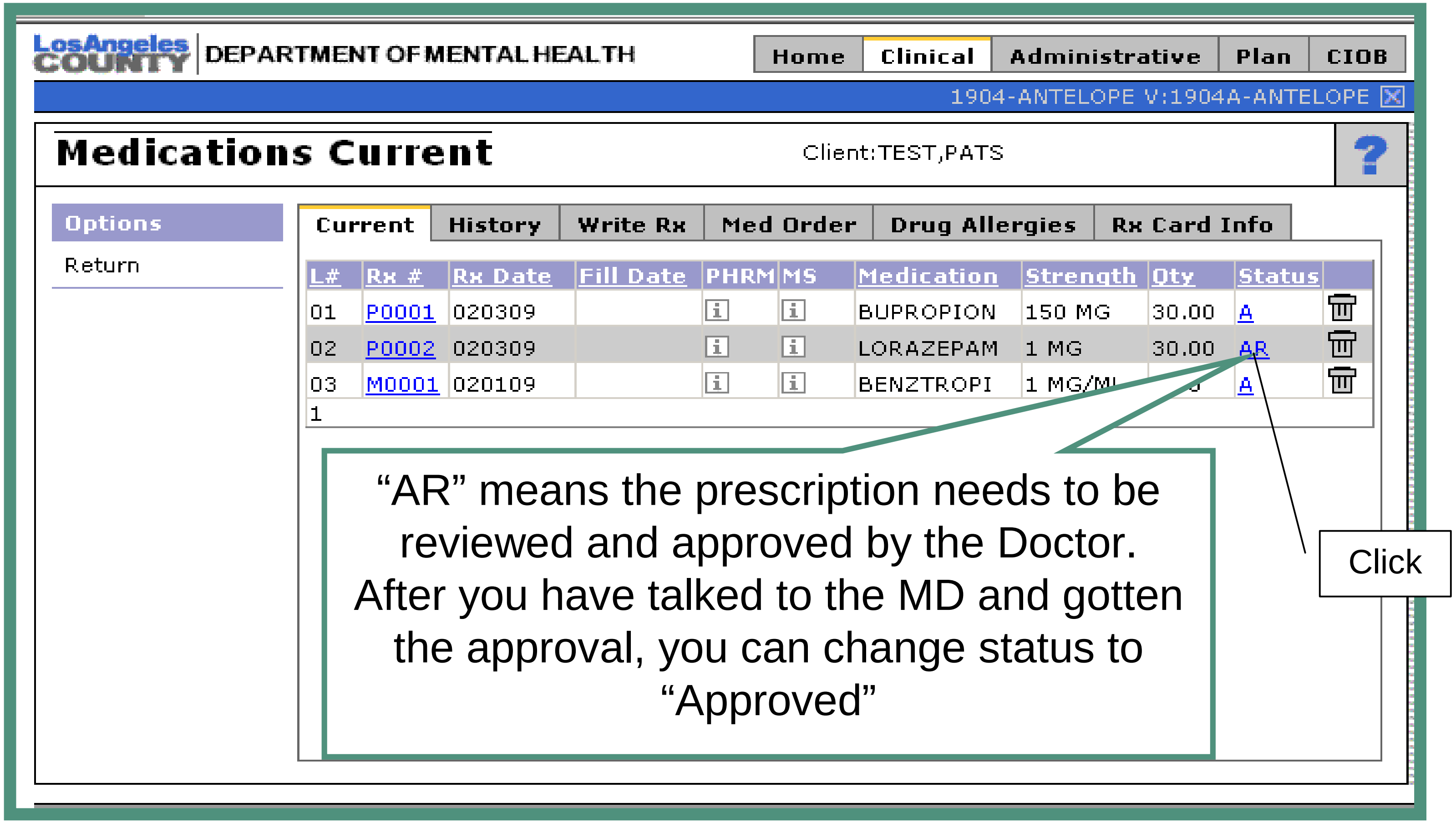


If the prescription you enter needs to be reviewed and approved by MD, you will see the edit message here.

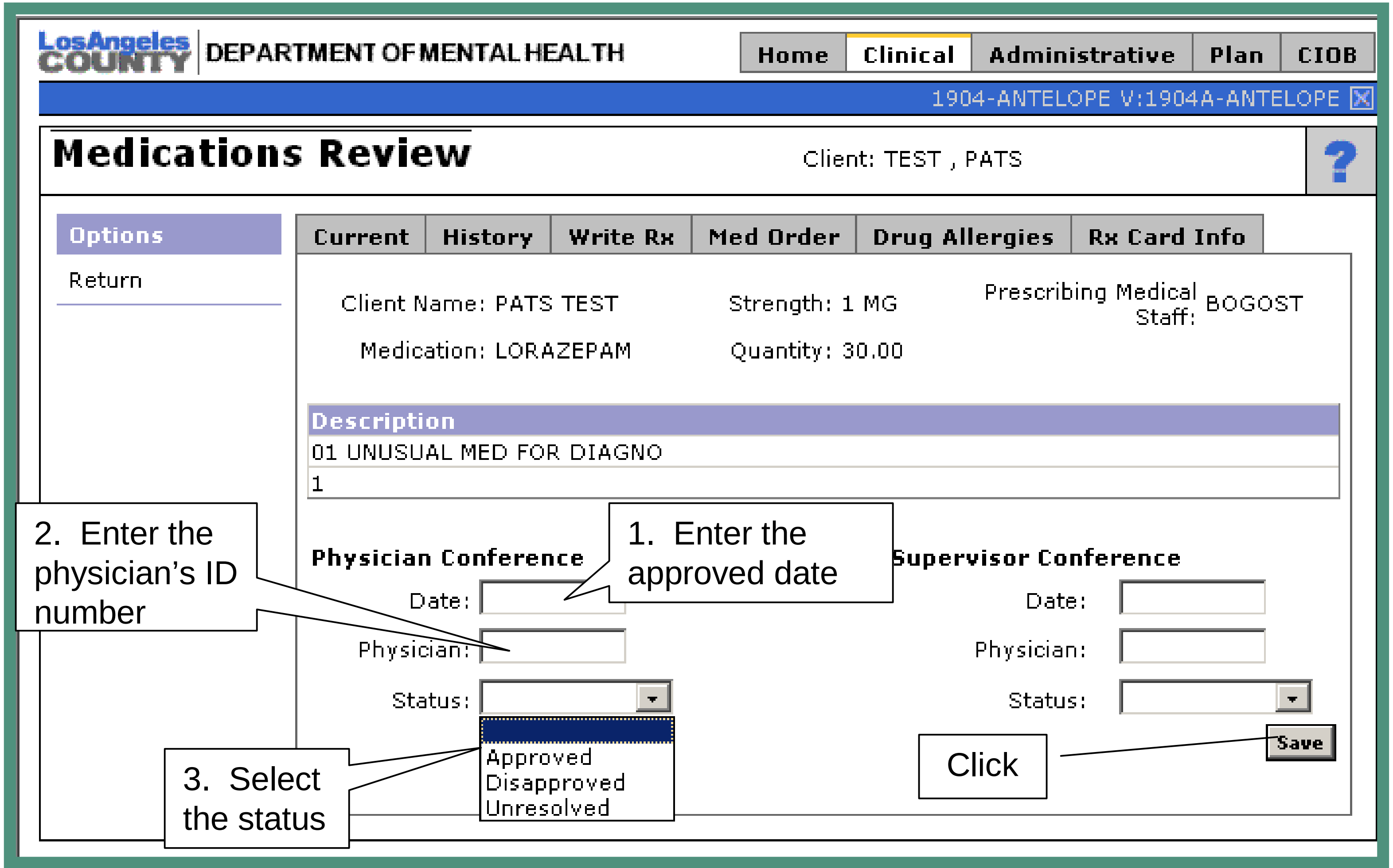
Click, to resolve AR status

Click

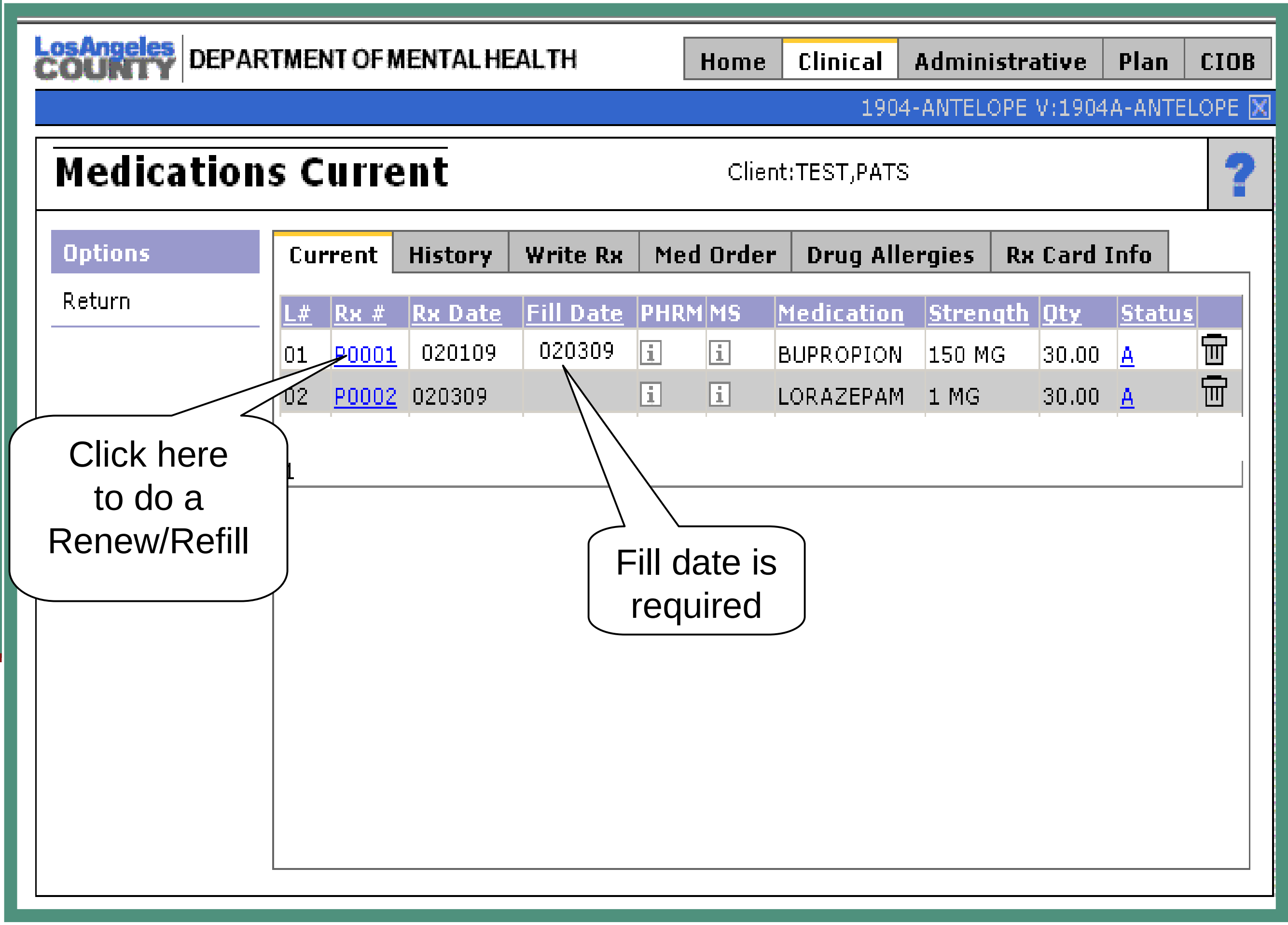
Prescribing Medications: Approval



Prescribing Medications: Approval

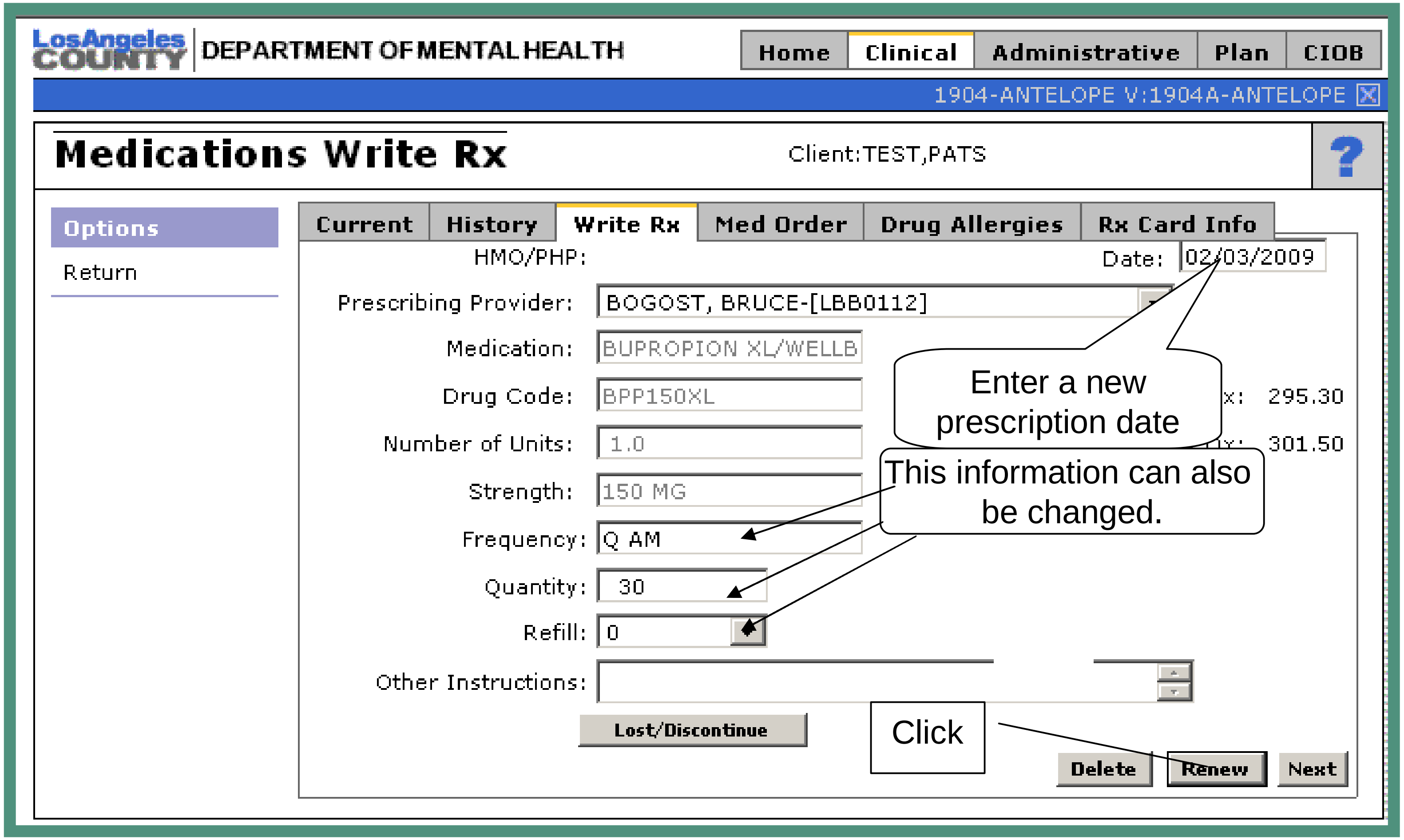


Prescribing Medications: Renew and Refill

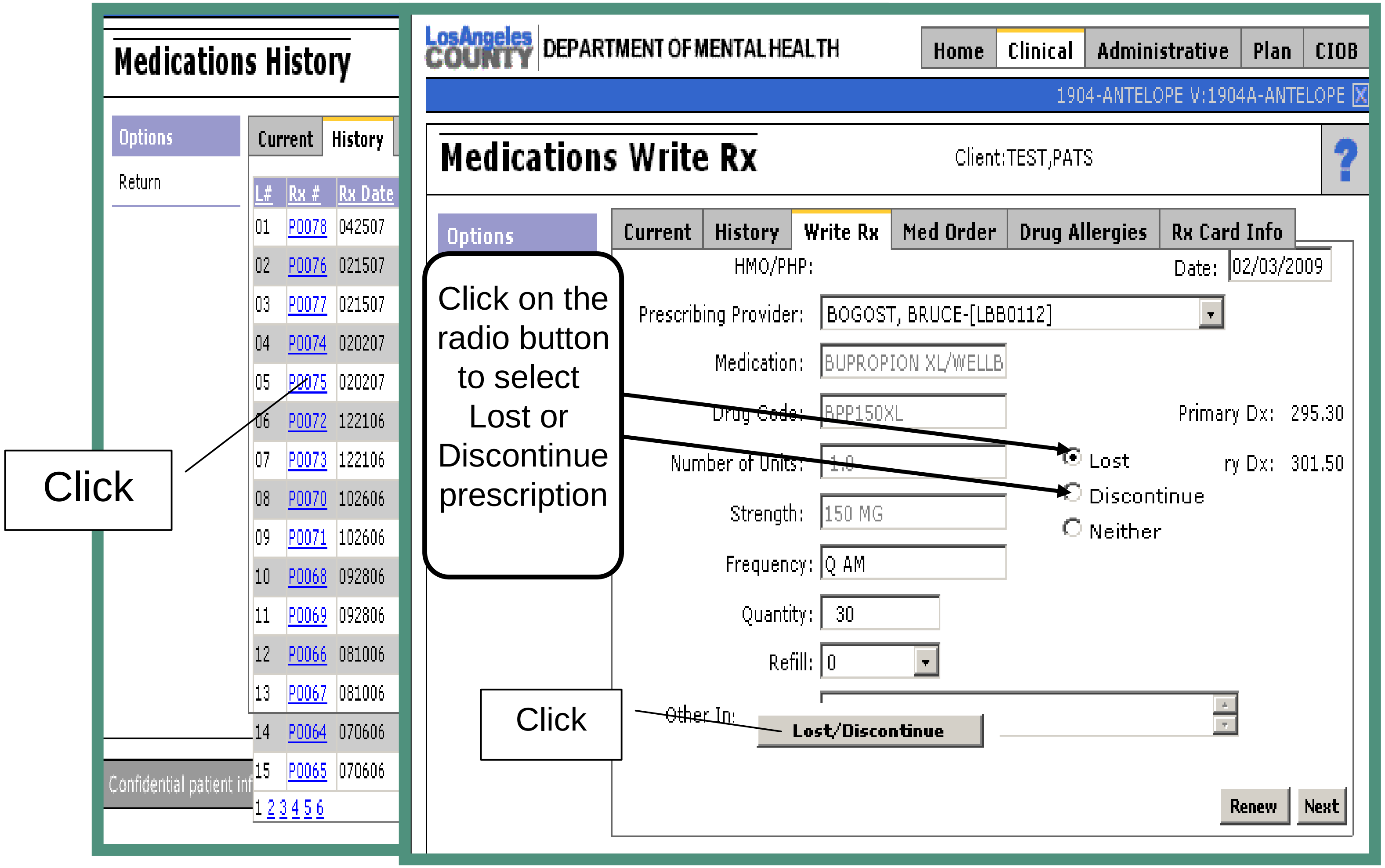


Renew/Refill is a snap: Just click on the prescription number, change the date and other information! Remember the prescription needs to have a fill date in order to do a renew/refill.

Prescribing Medications: Renew and Refill



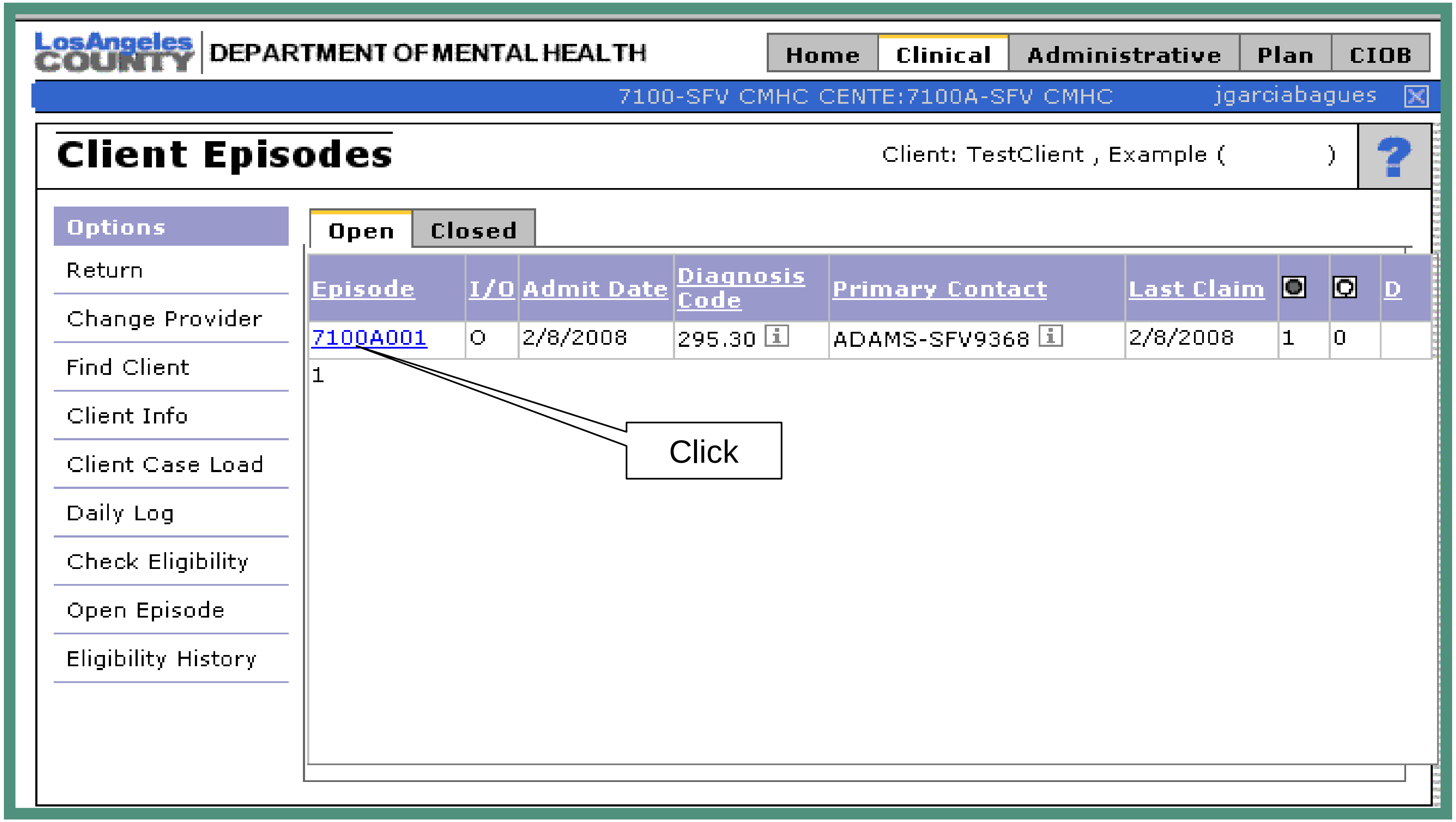
Prescribing Medications- Lost & Discontinue



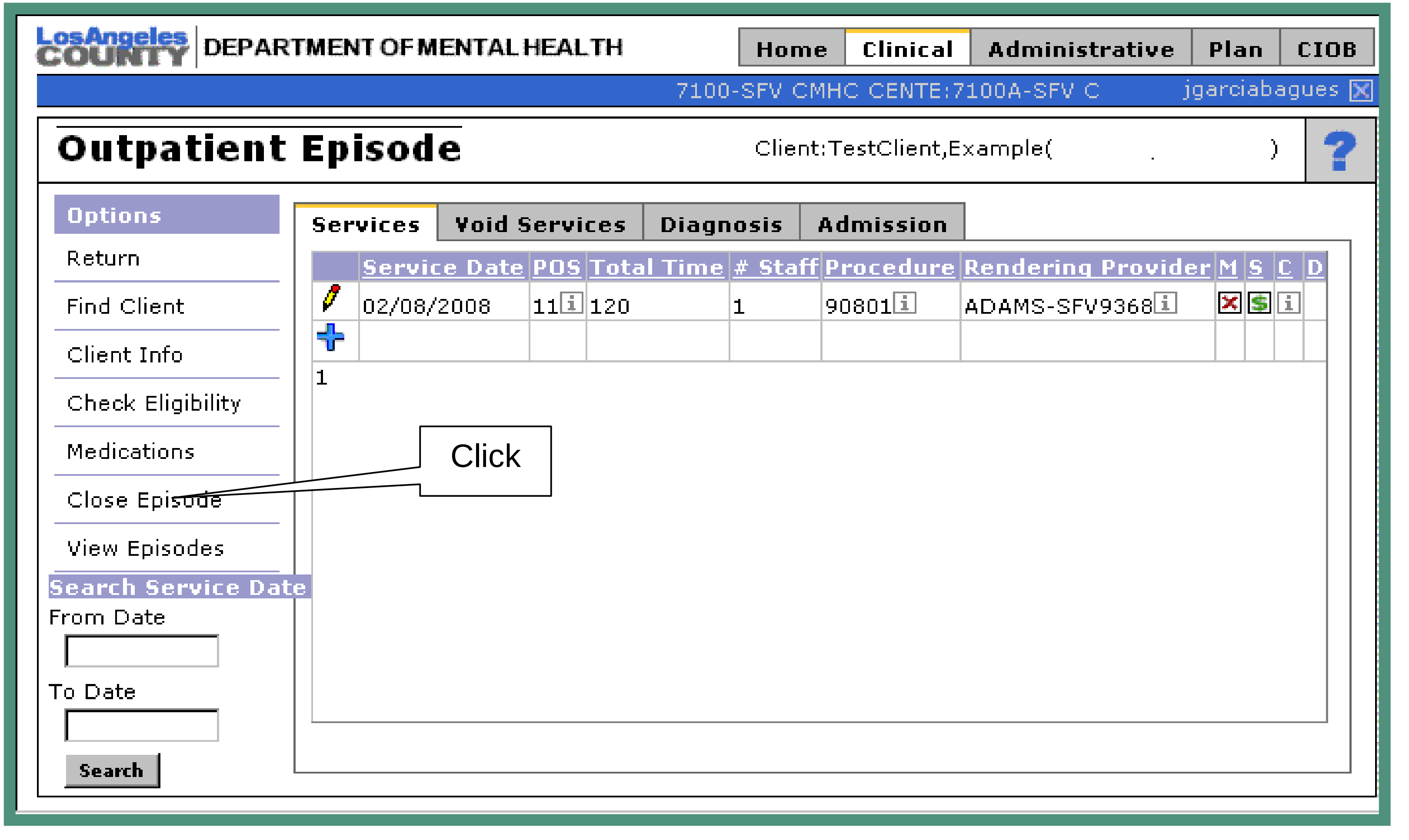
EXERCISE 15

Close an Episode

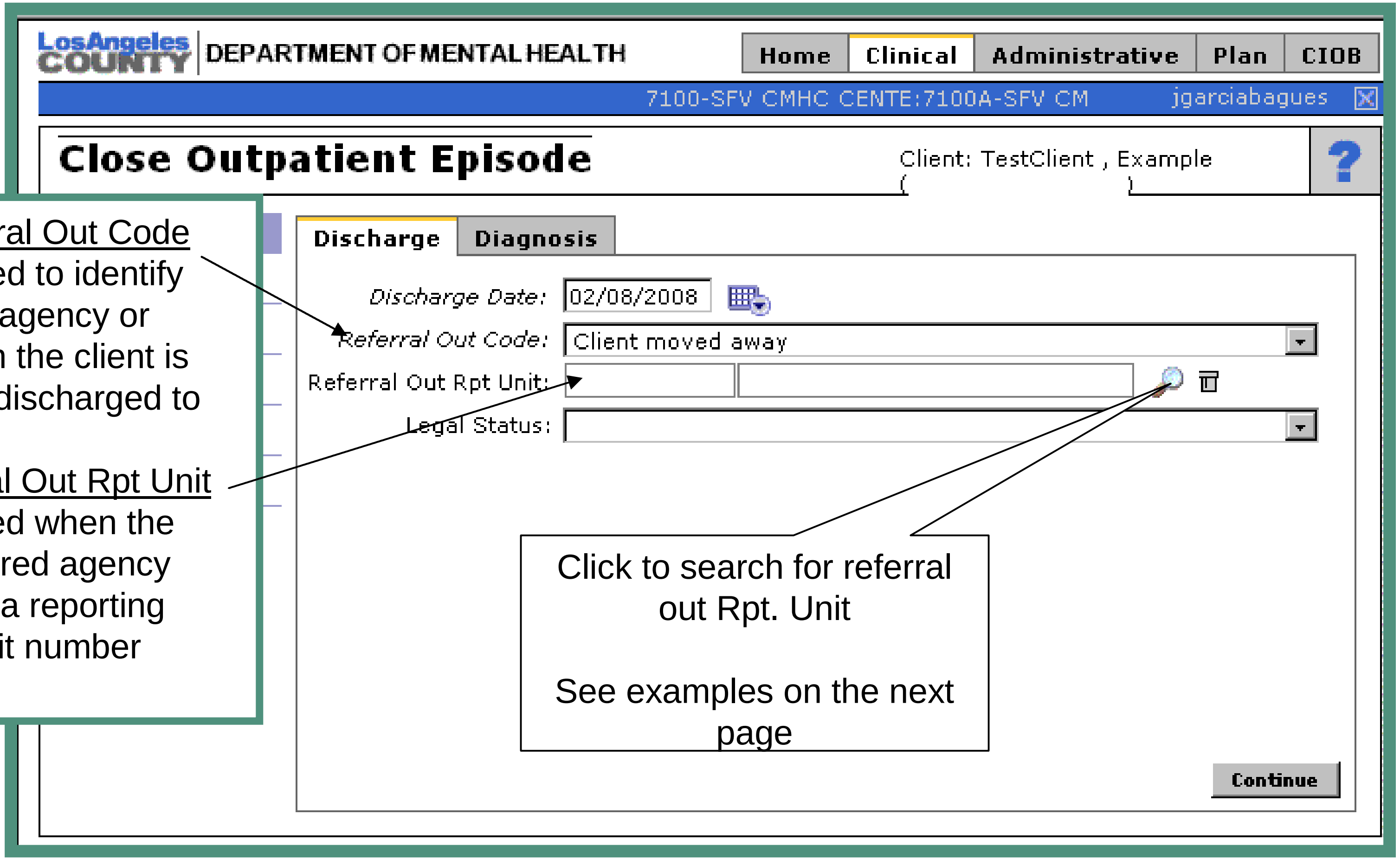
Close an Episode



Close an Episode



Close an Episode



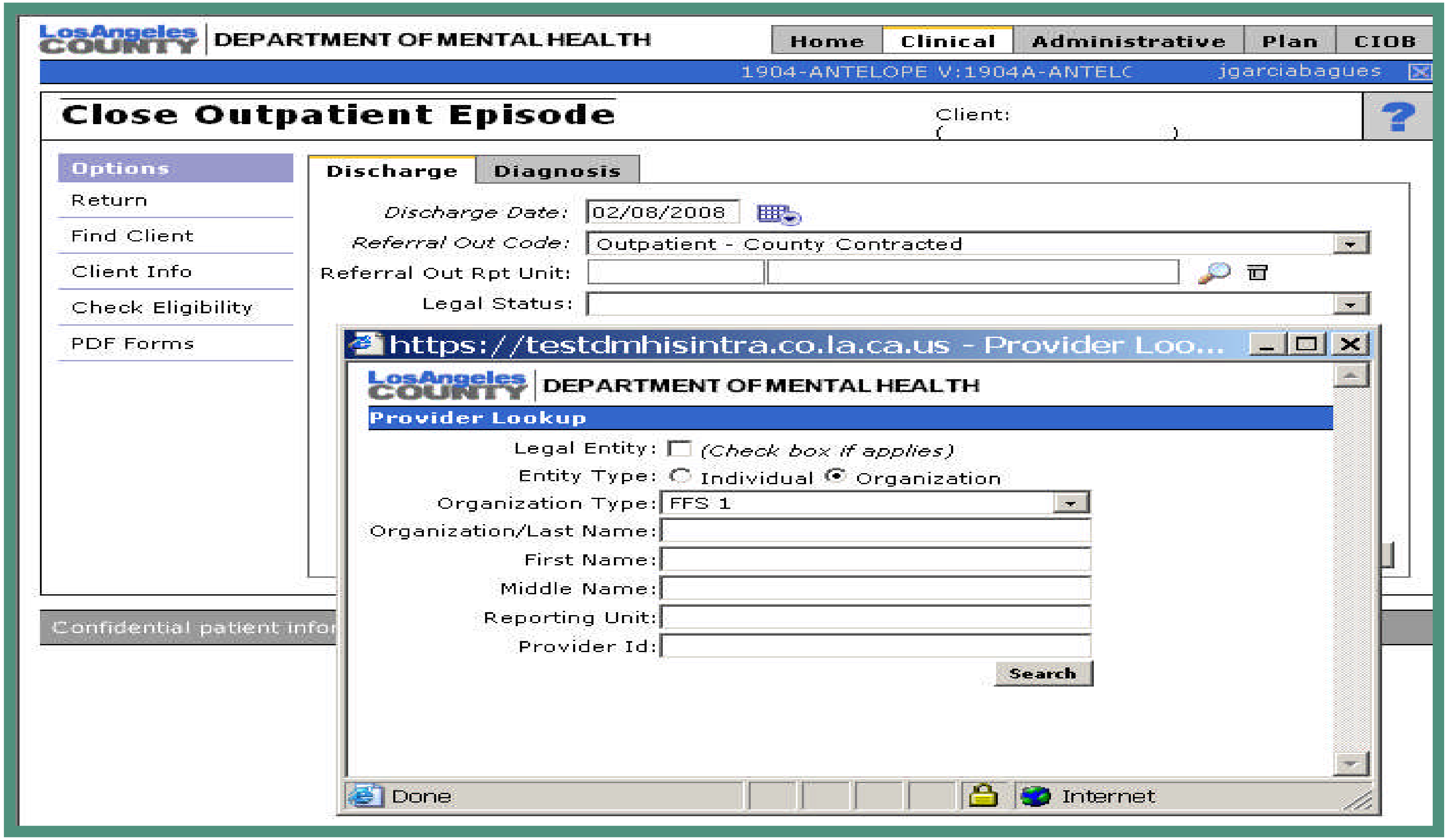
Referral Out Code is used to identify the agency or person the client is being discharged to

Referral Out Rpt Unit is used when the referred agency has a reporting unit number

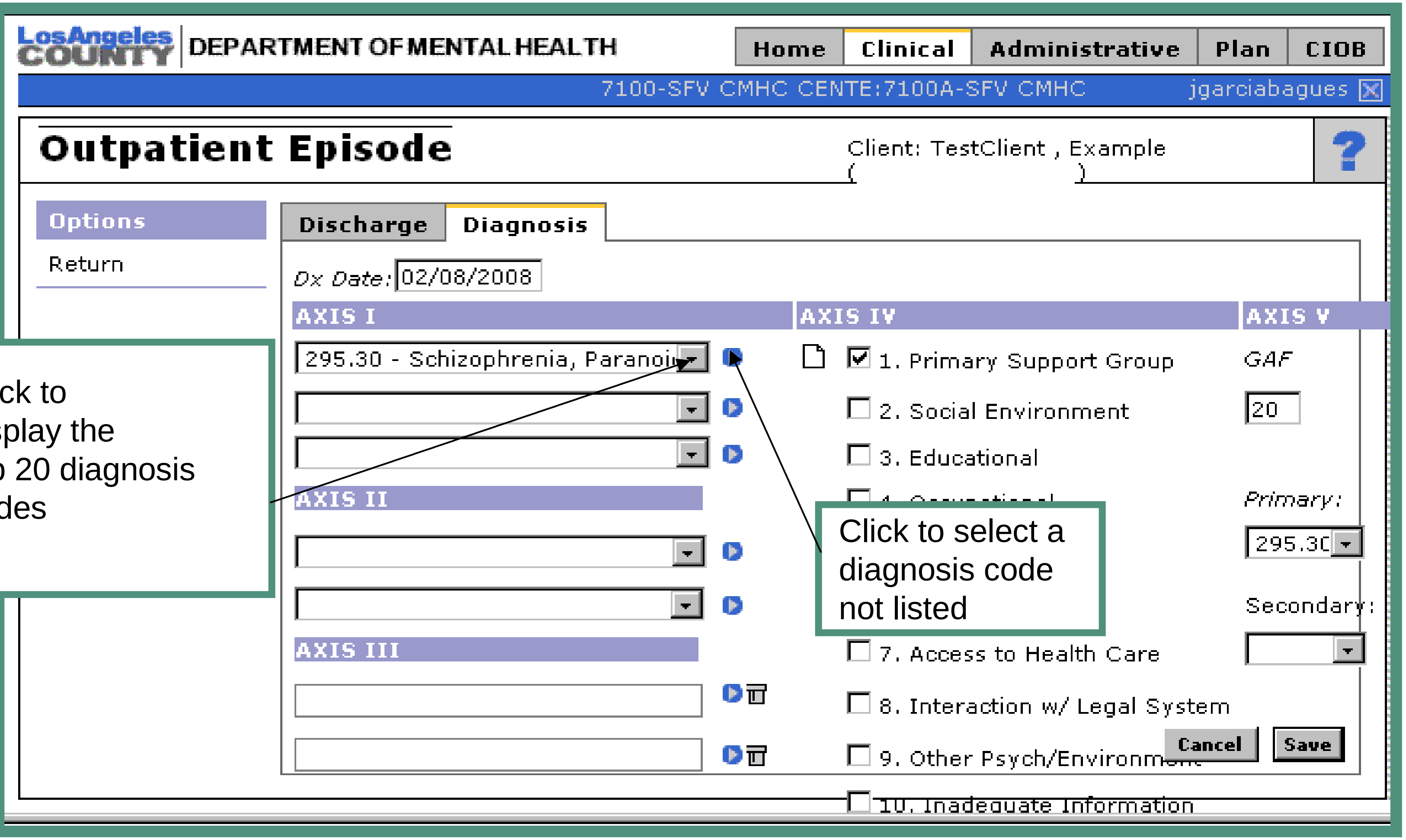
Click to search for referral out Rpt. Unit

See examples on the next page

Close an Episode



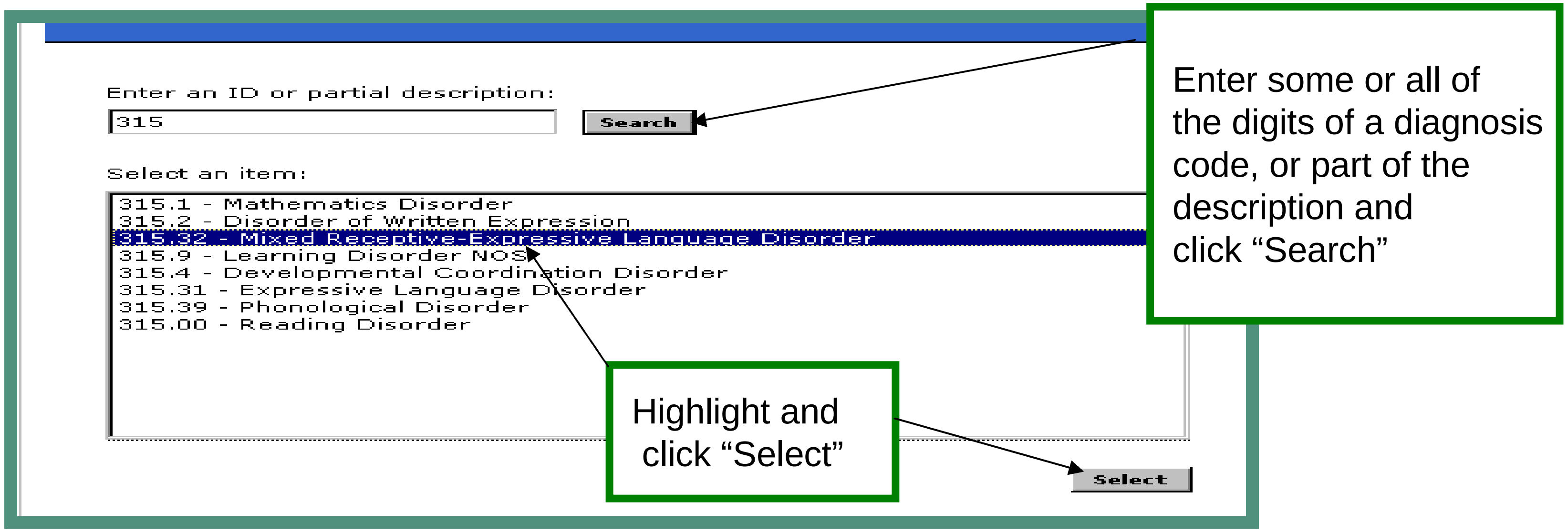
Close an Episode



Click to display the top 20 diagnosis codes

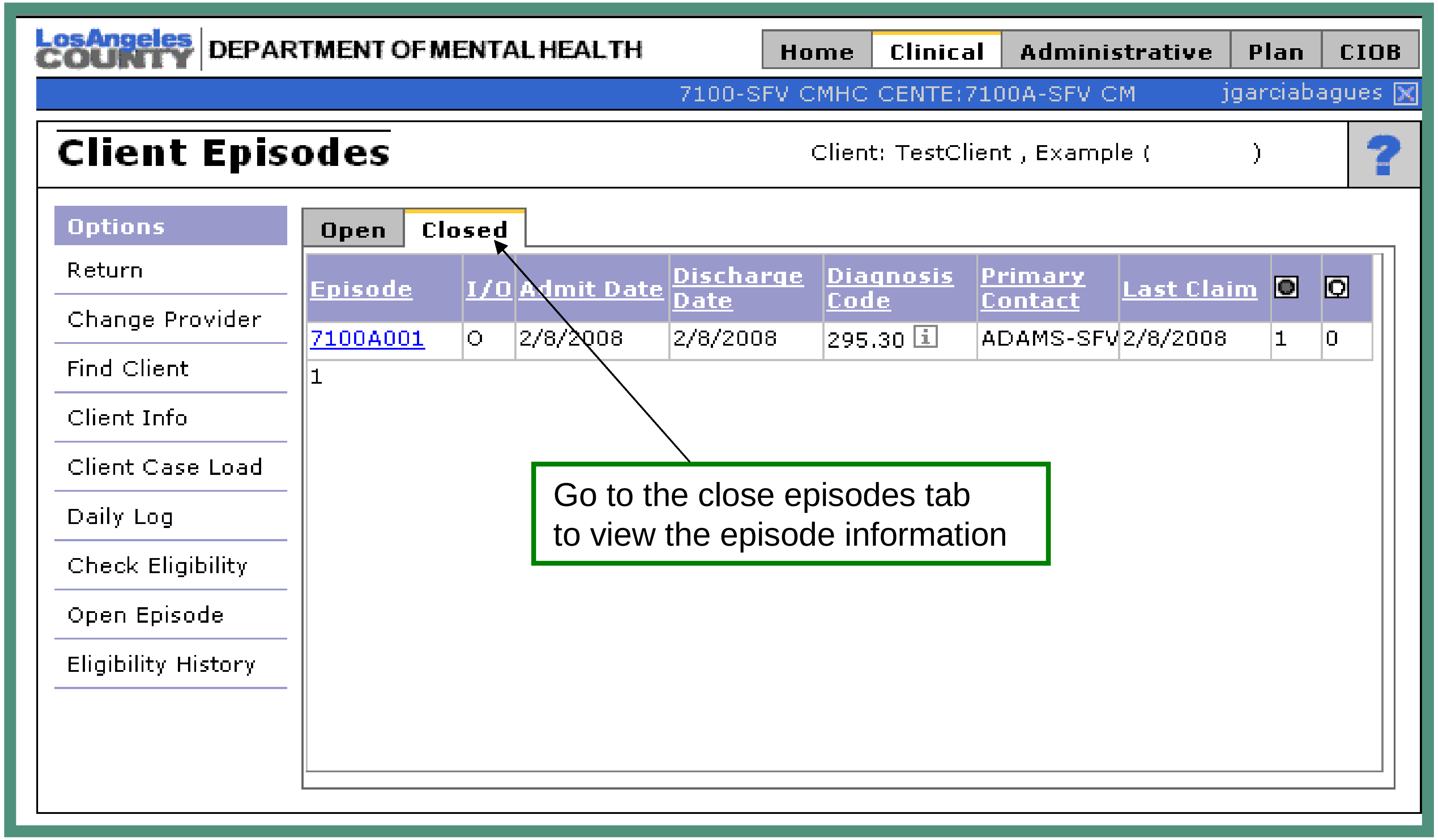
Click to select a diagnosis code not listed

Close an Episode



Close an Episode

Close an Episode

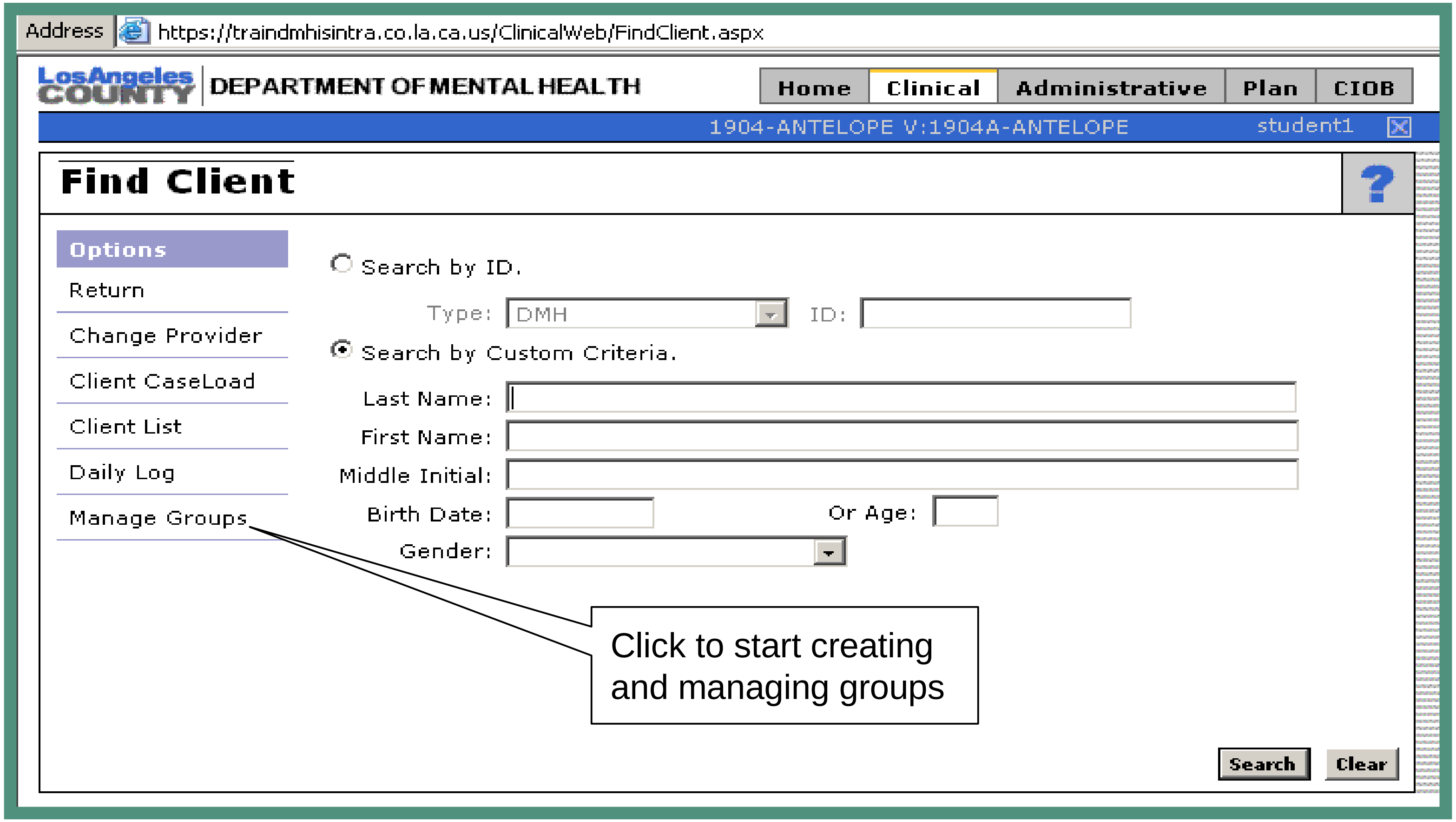


EXERCISE 16

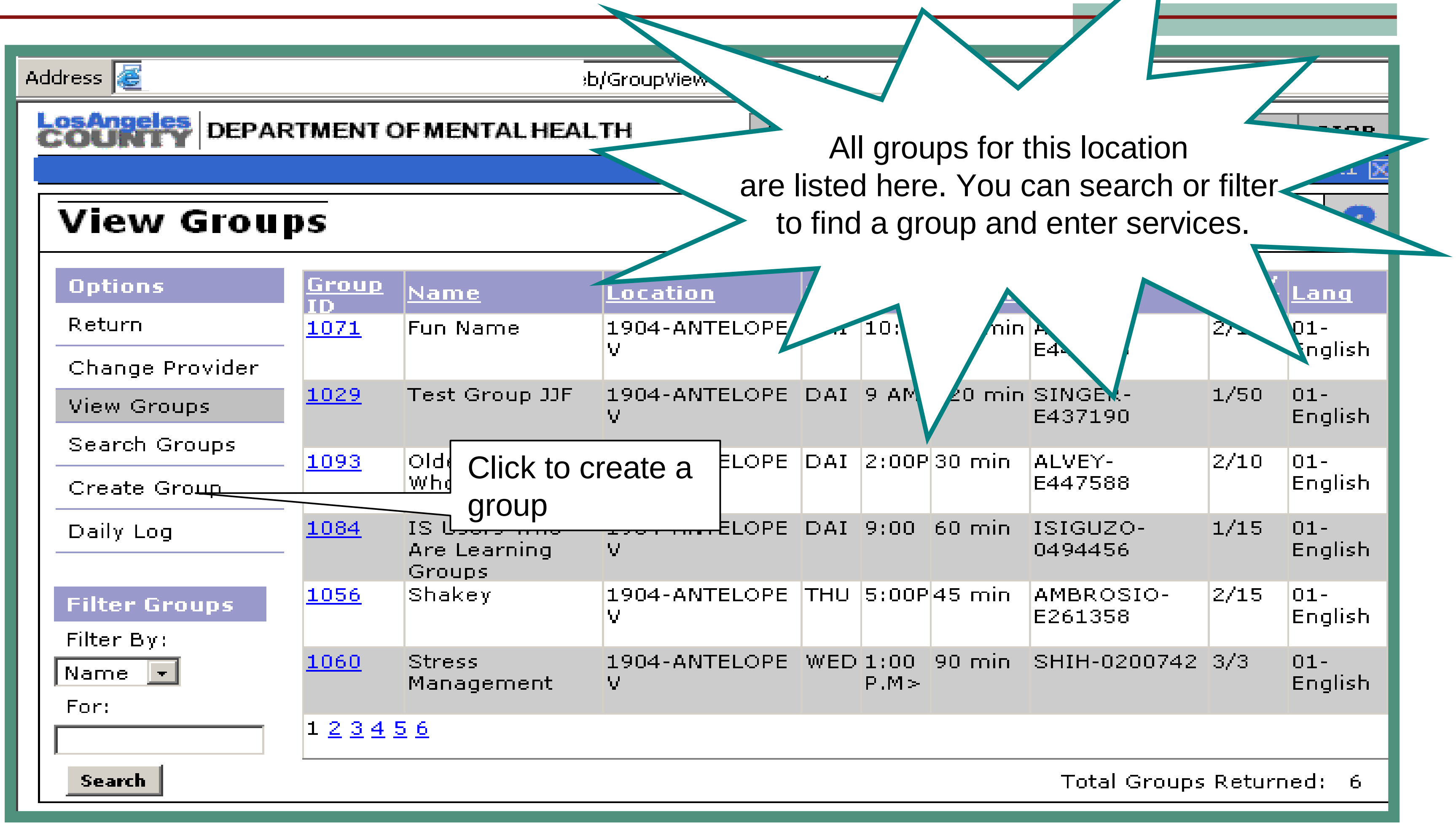
Groups:

- Create a Group
- Add a Session to a Group
- Submit Group Session Billing

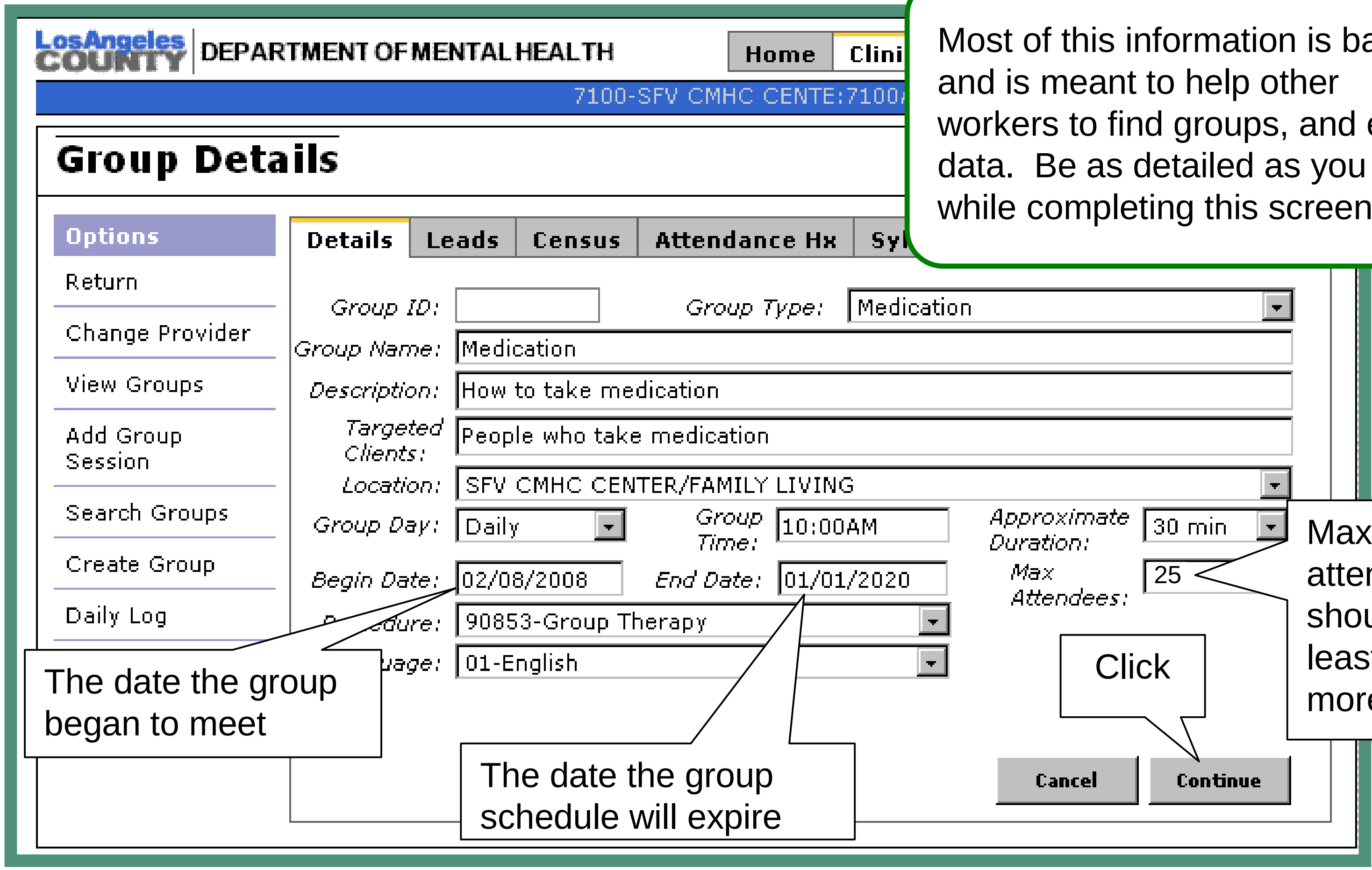
Create a Group



Create a Group



Create a Group: Details



Most of this information is basic, and is meant to help other workers to find groups, and enter data. Be as detailed as you can while completing this screen.

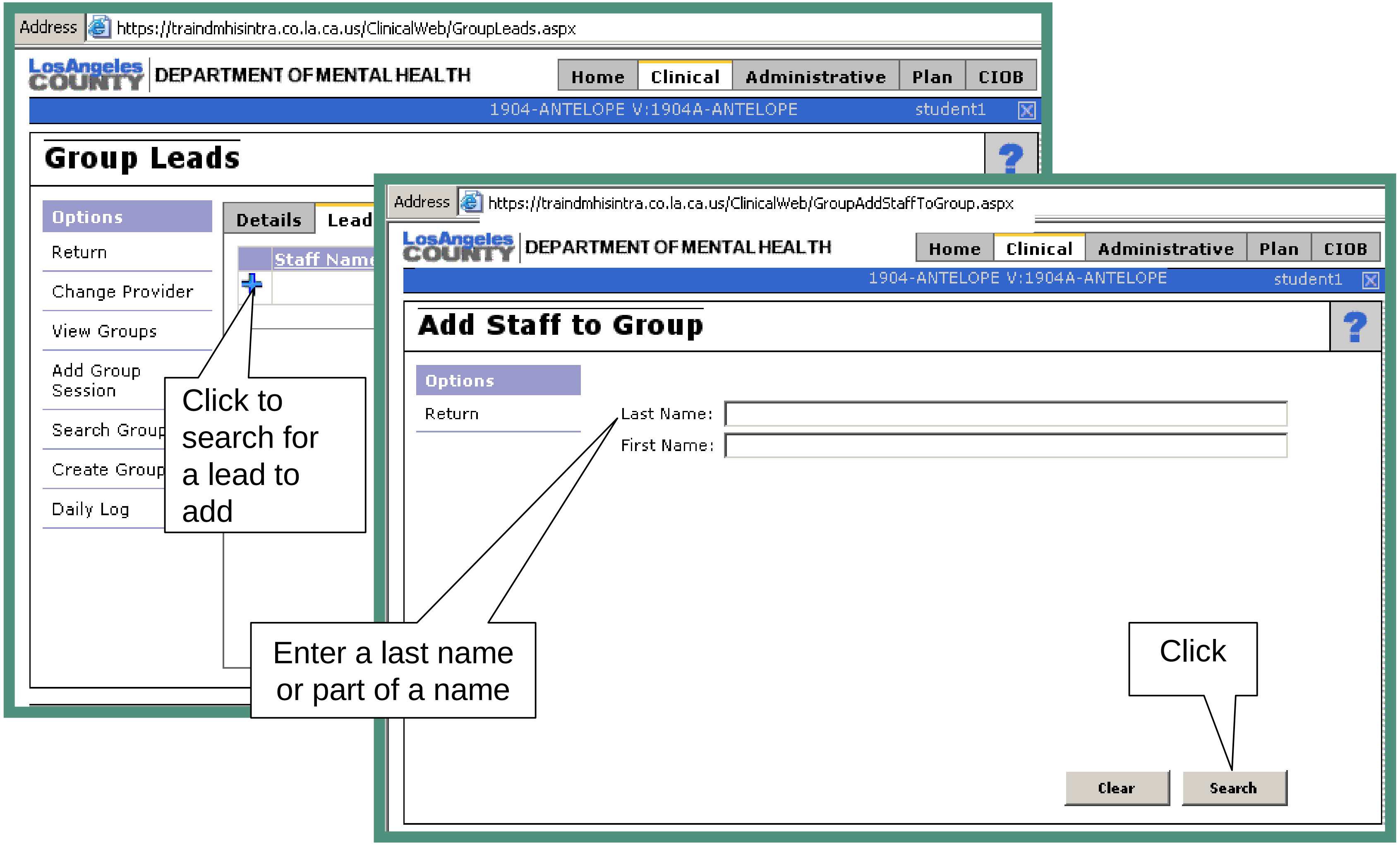
Maximum group attendees should be at least 2 and no more than 25

Click

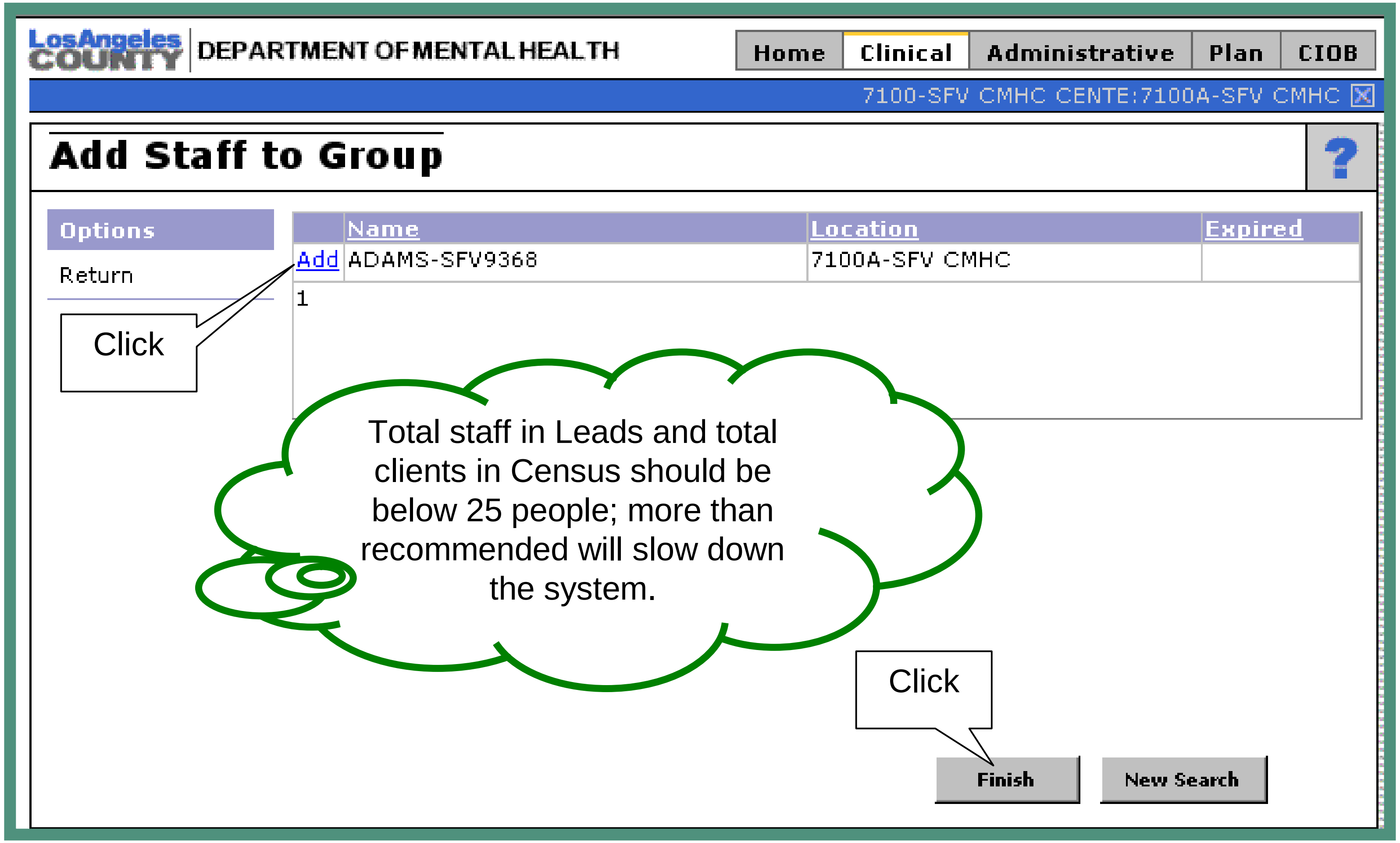
The date the group began to meet

The date the group schedule will expire

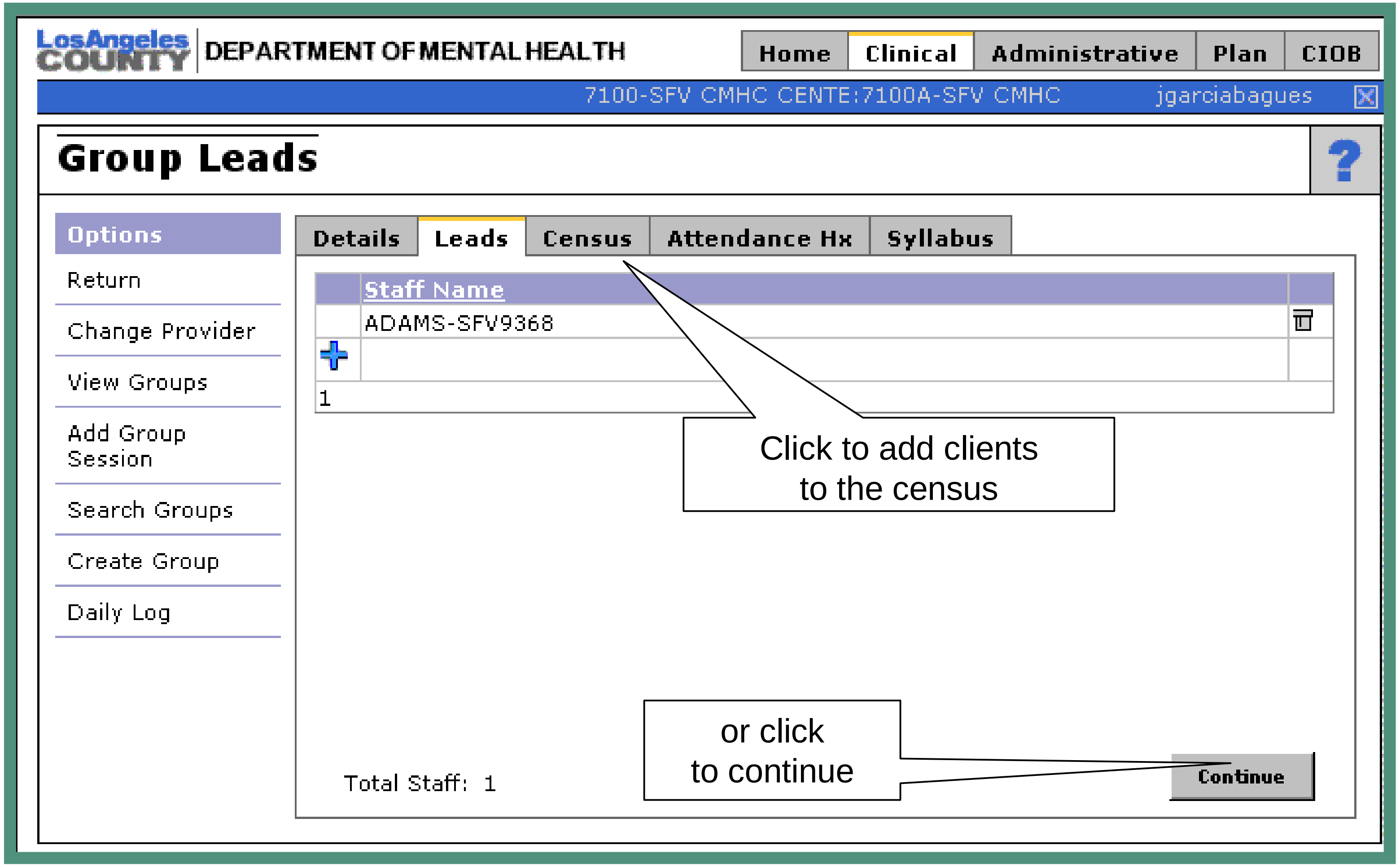
Create a Group: Leads



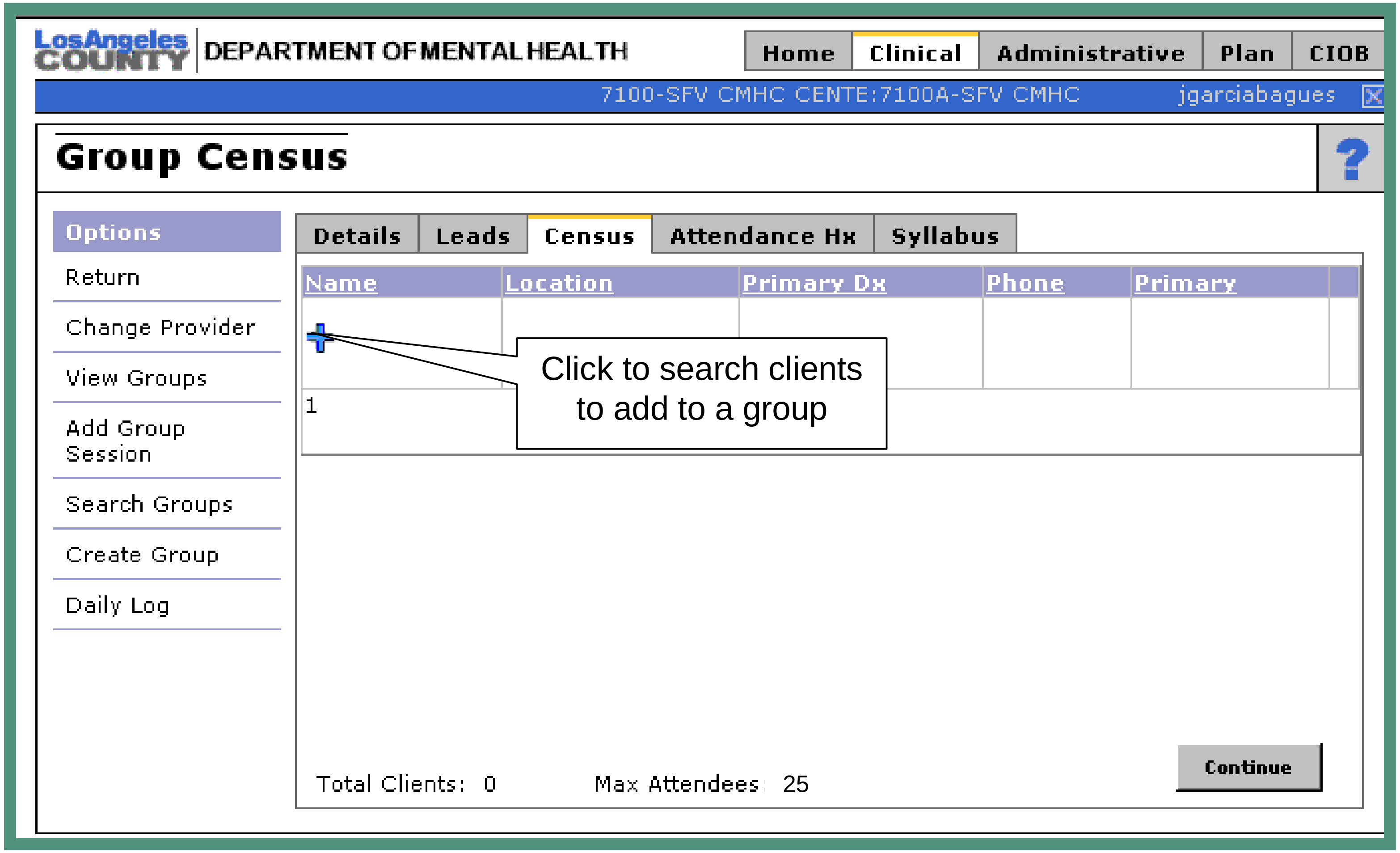
Create a Group: Leads



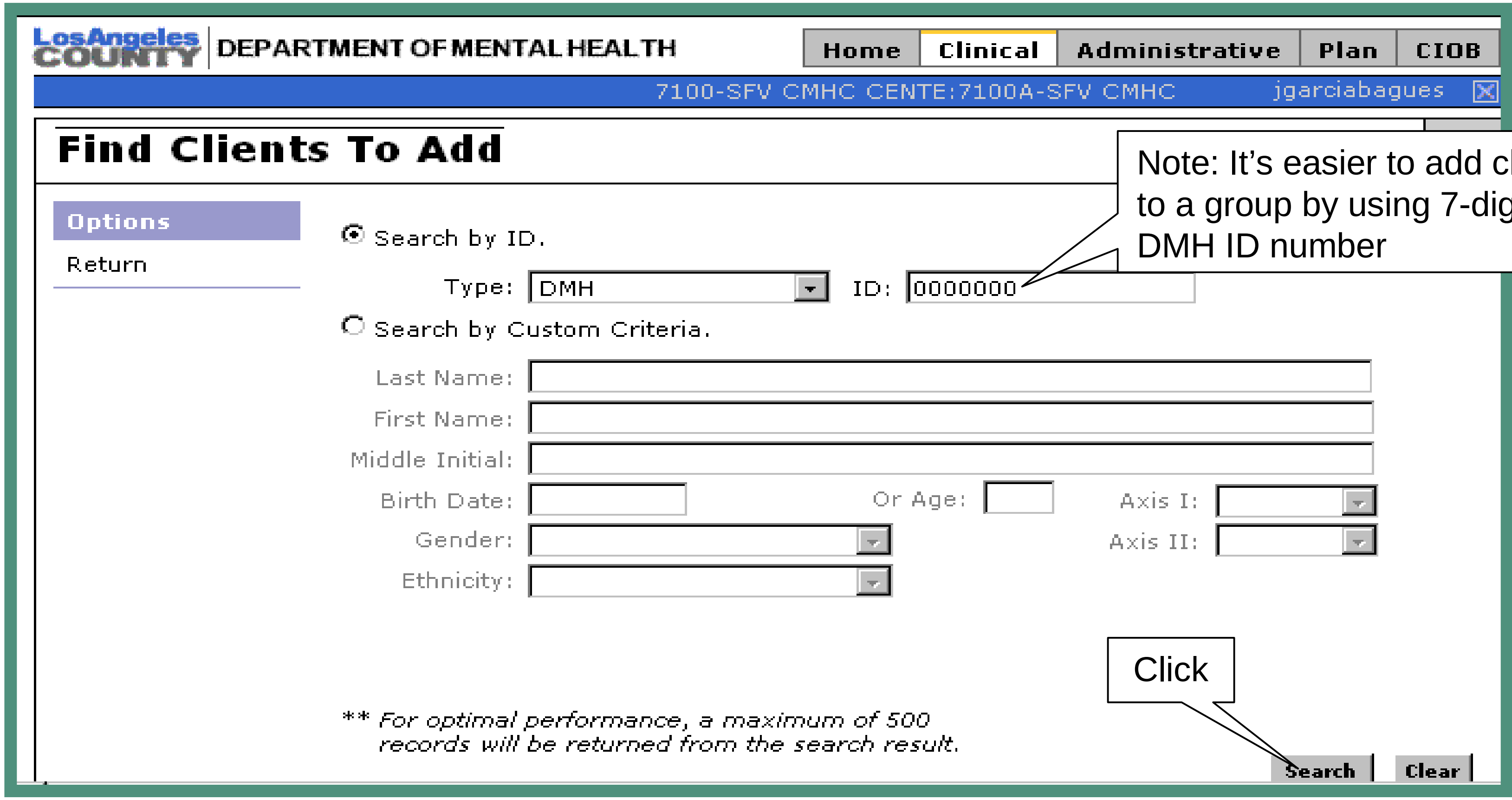
Create a Group: Census



Create a Group: Census



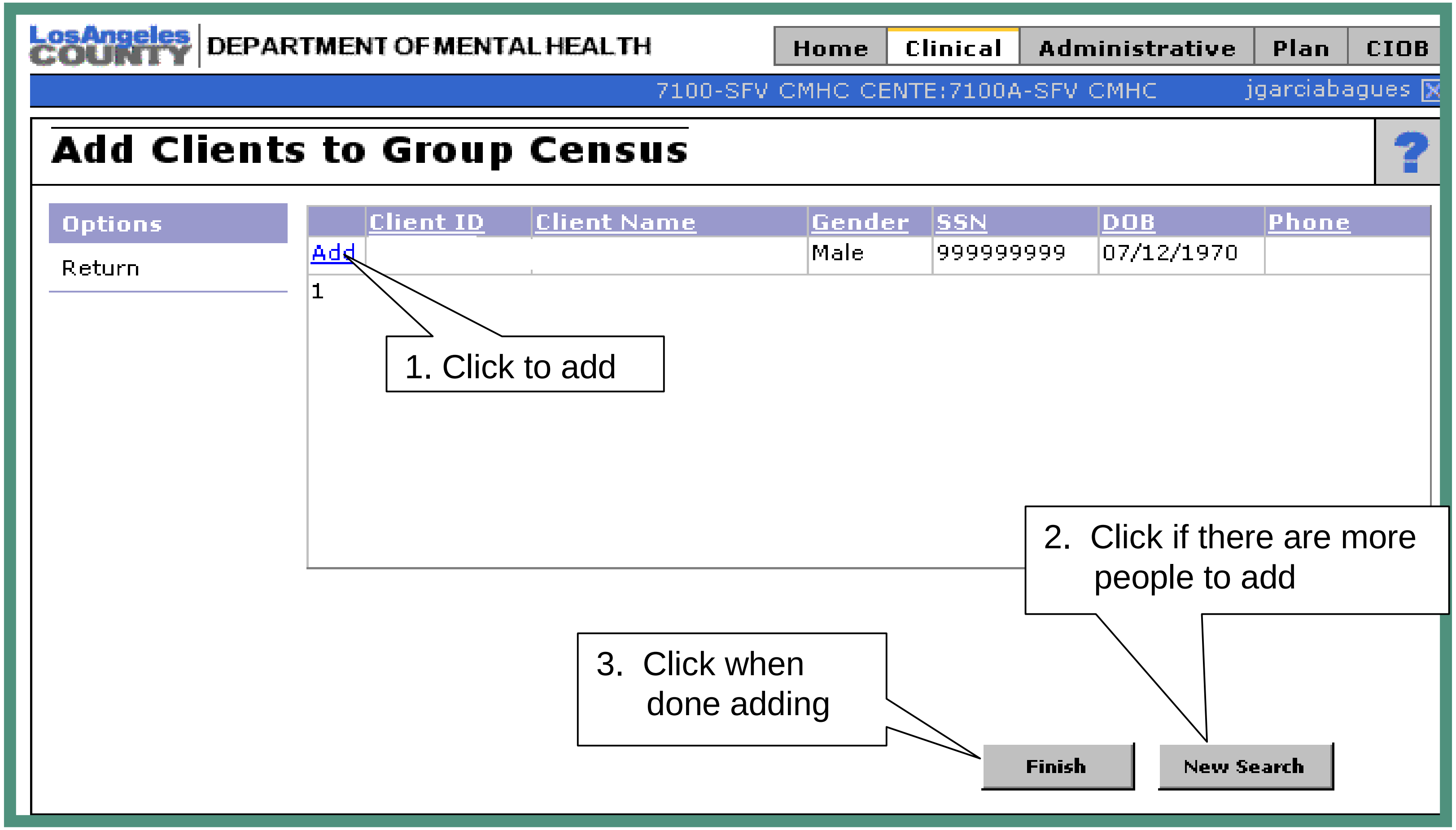
Create a Group: Census



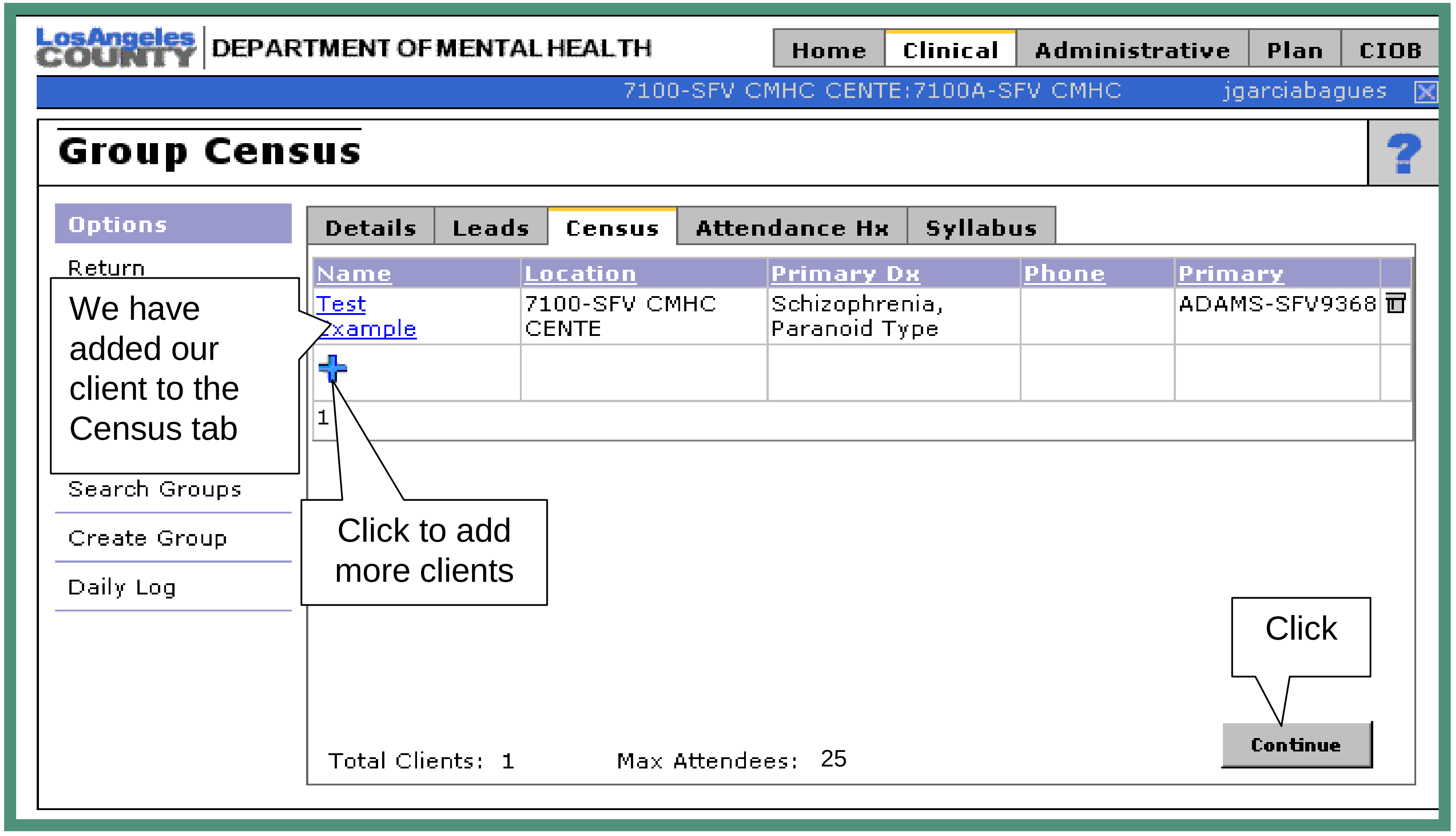
Note: It's easier to add clients to a group by using 7-digit DMH ID number

Click

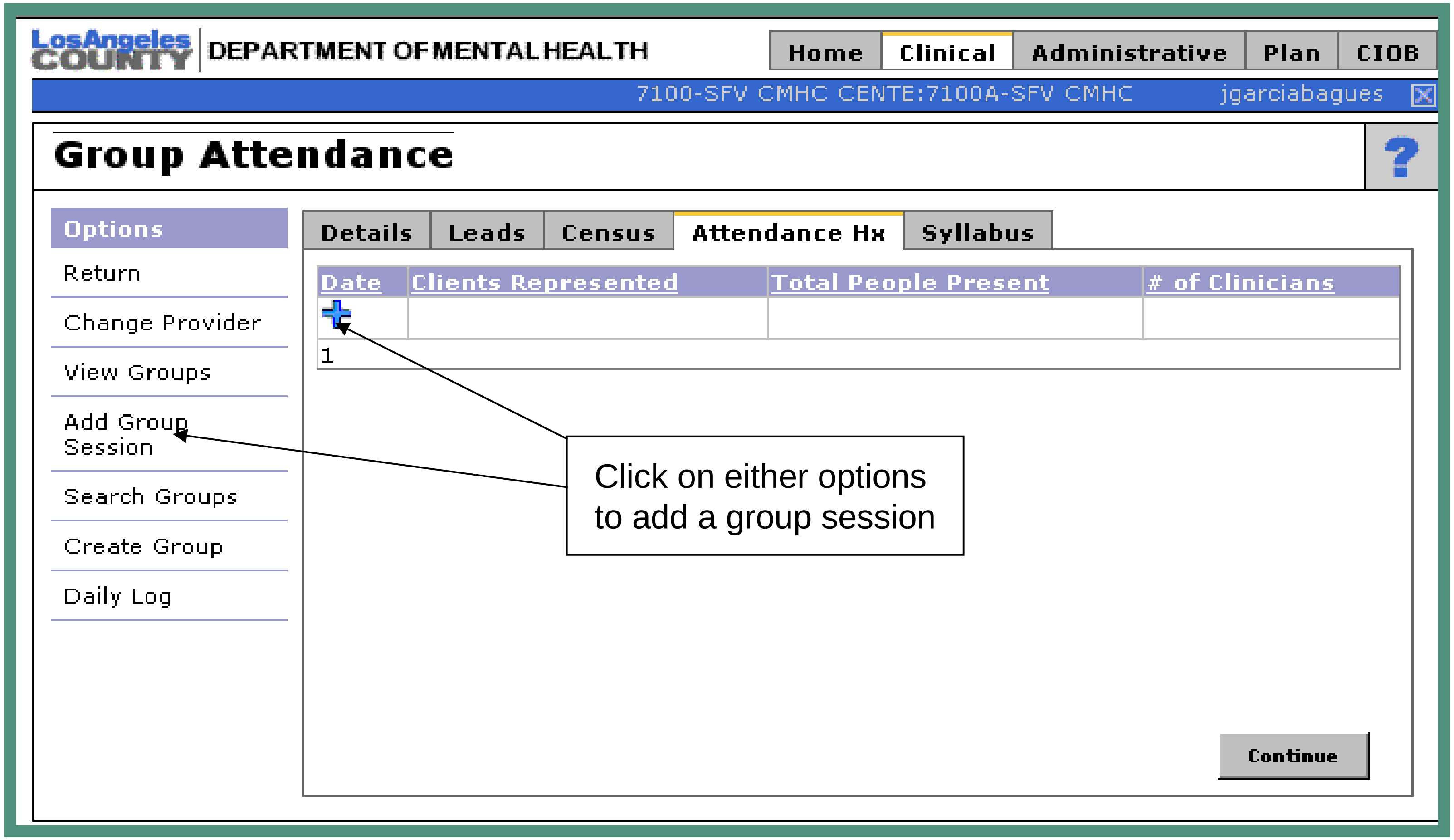
Create a Group: Census



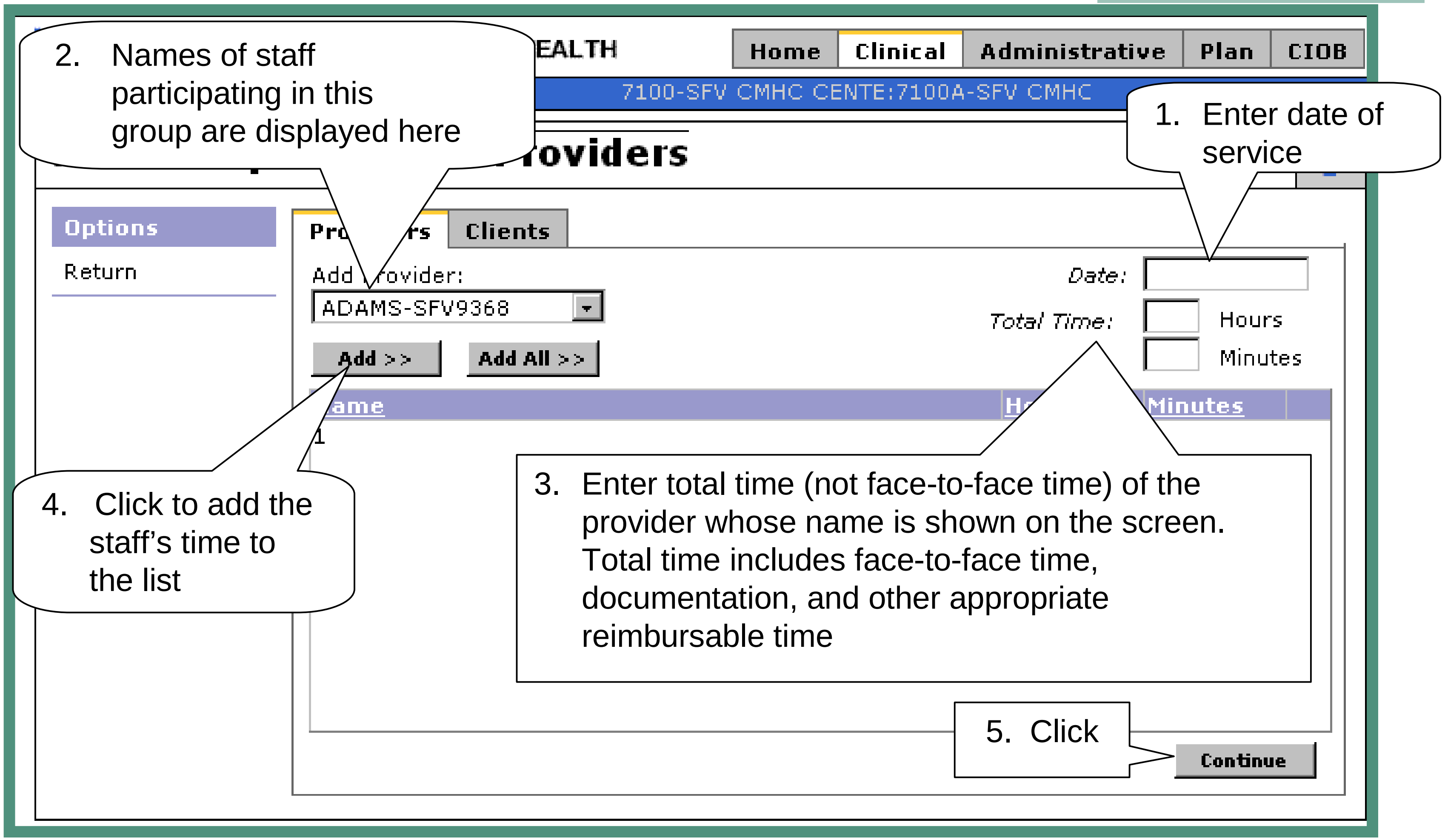
Create a Group: Census



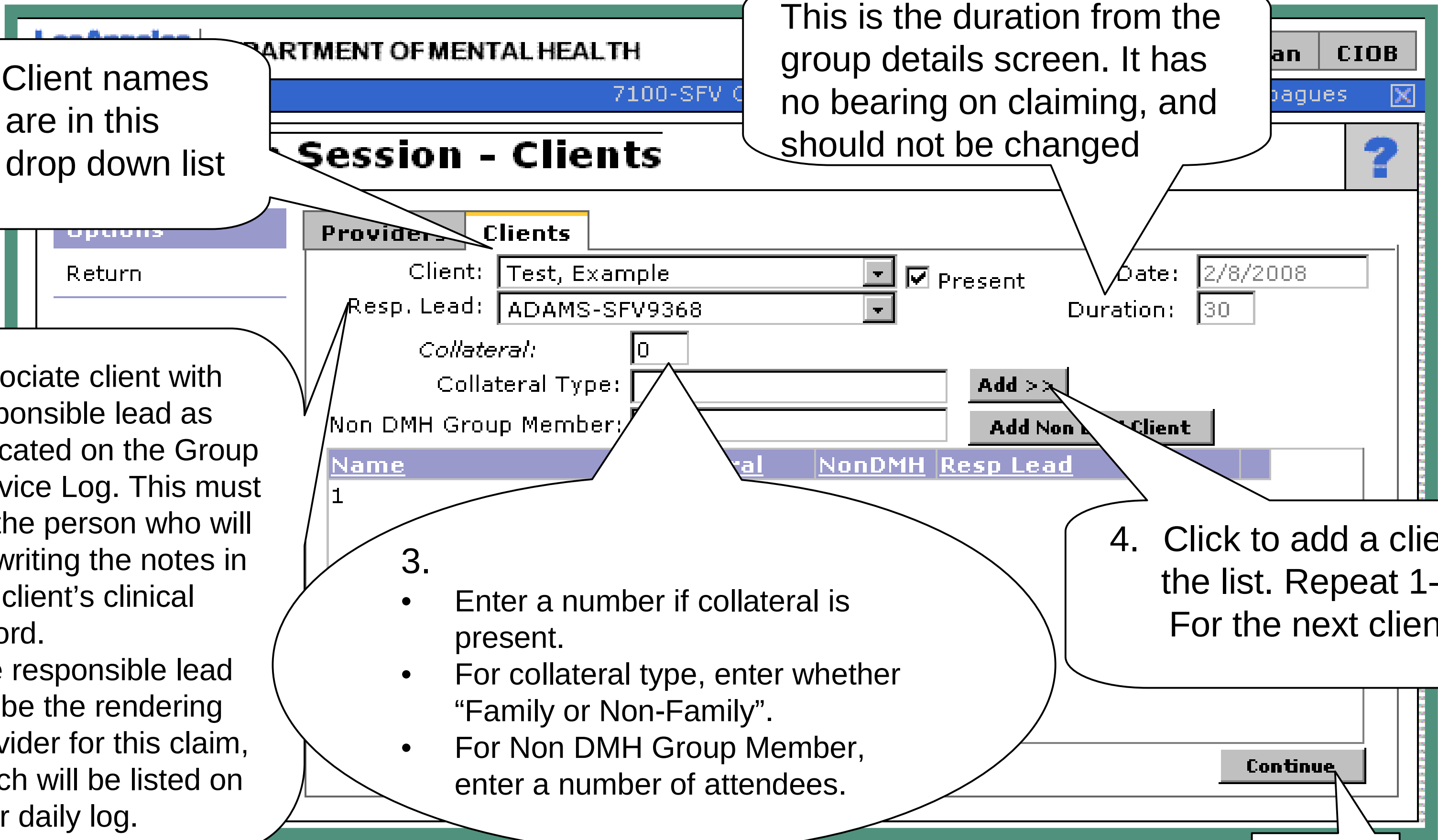
Add Group Session



Add Group Session: Providers



Add Group Session: Clients



1. Client names are in this drop down list

2. Associate client with responsible lead as indicated on the Group Service Log. This must be the person who will be writing the notes in the client's clinical record.
   The responsible lead will be the rendering provider for this claim, which will be listed on their daily log.

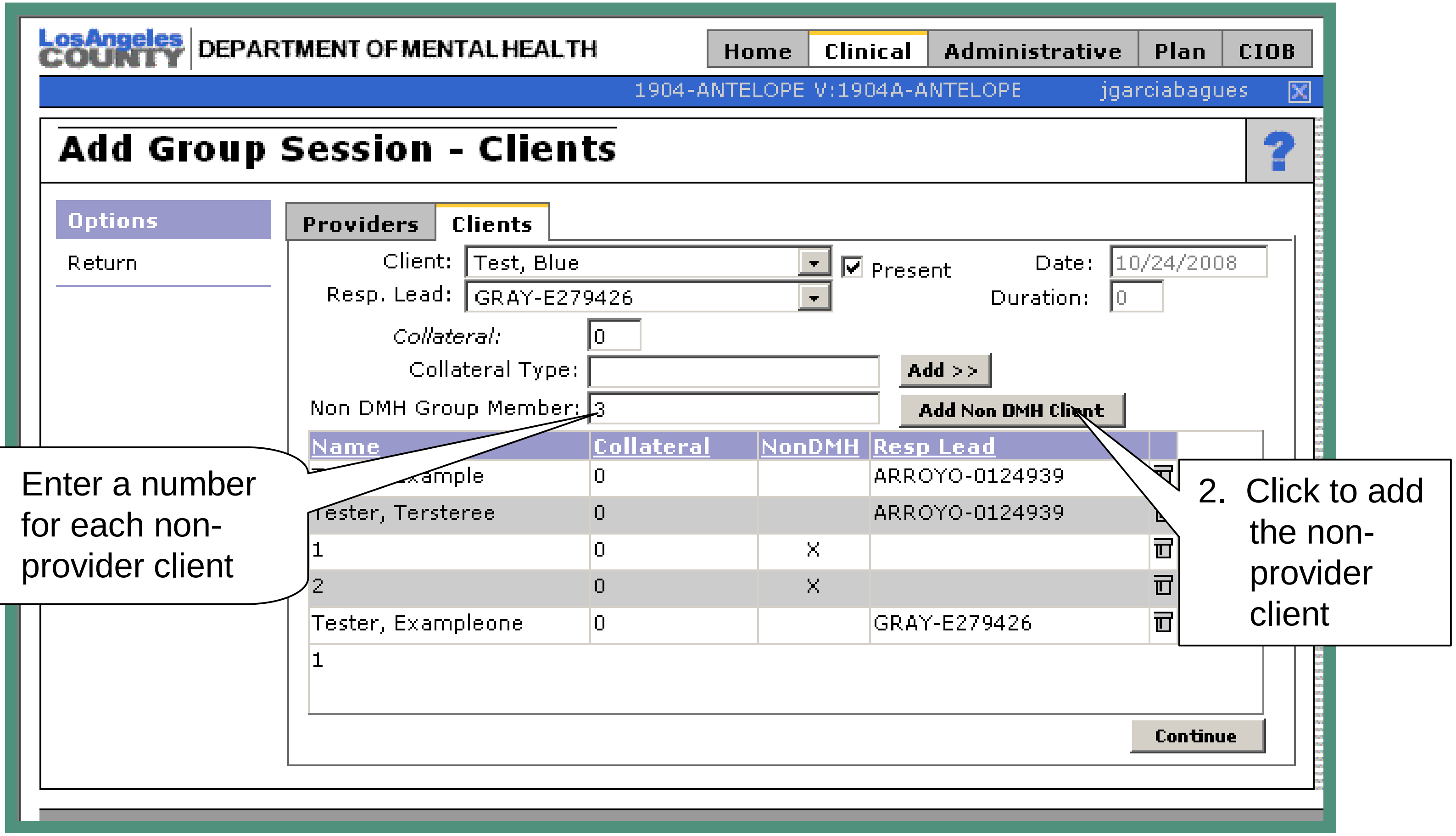
3.
   - Enter a number if collateral is present.
   - For collateral type, enter whether "Family or Non-Family".
   - For Non DMH Group Member, enter a number of attendees.

4. Click to add a client to the list. Repeat 1-4 For the next client

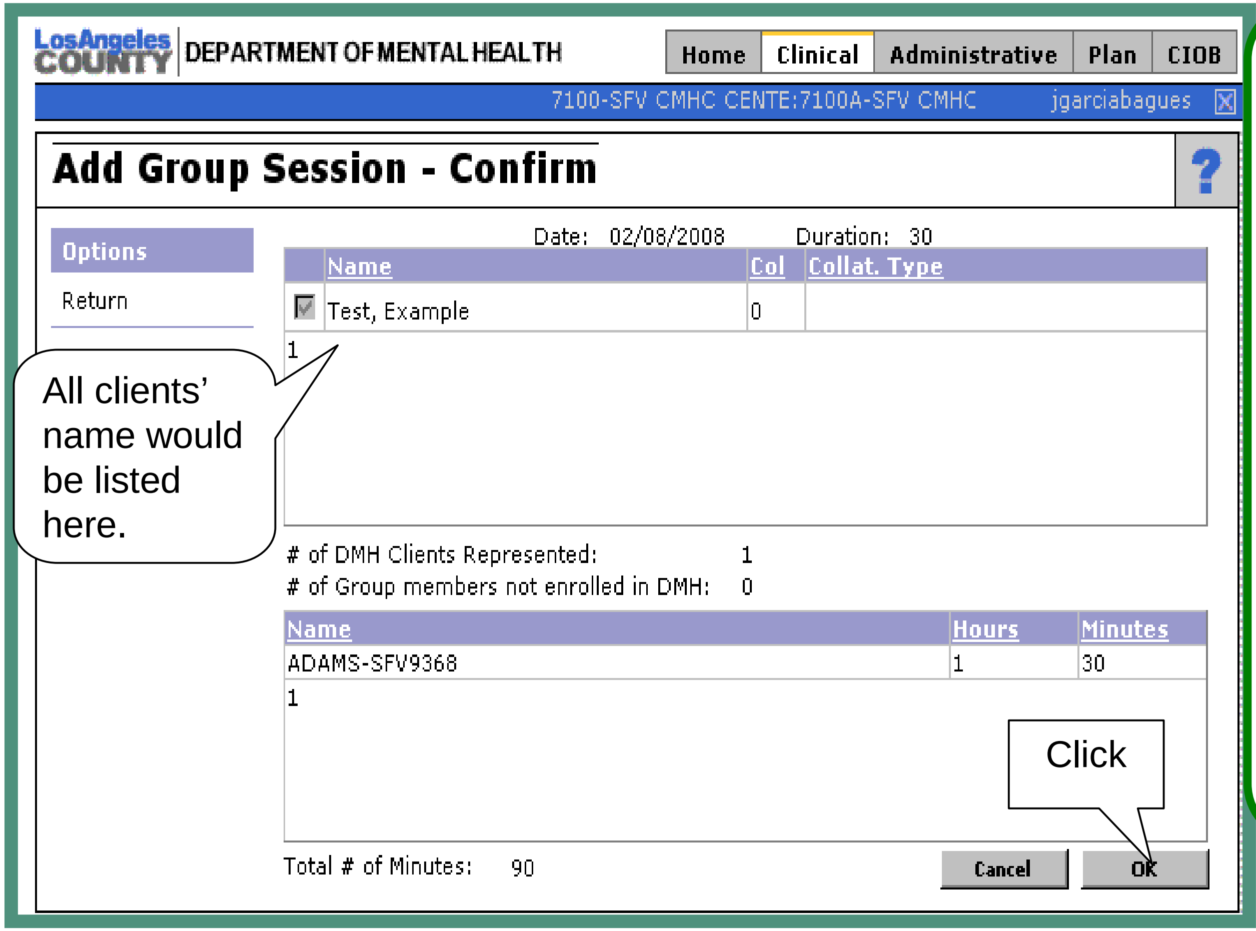
This is the duration from the group details screen. It has no bearing on claiming, and should not be changed

Click

Add Group Session: Non DMH Clients

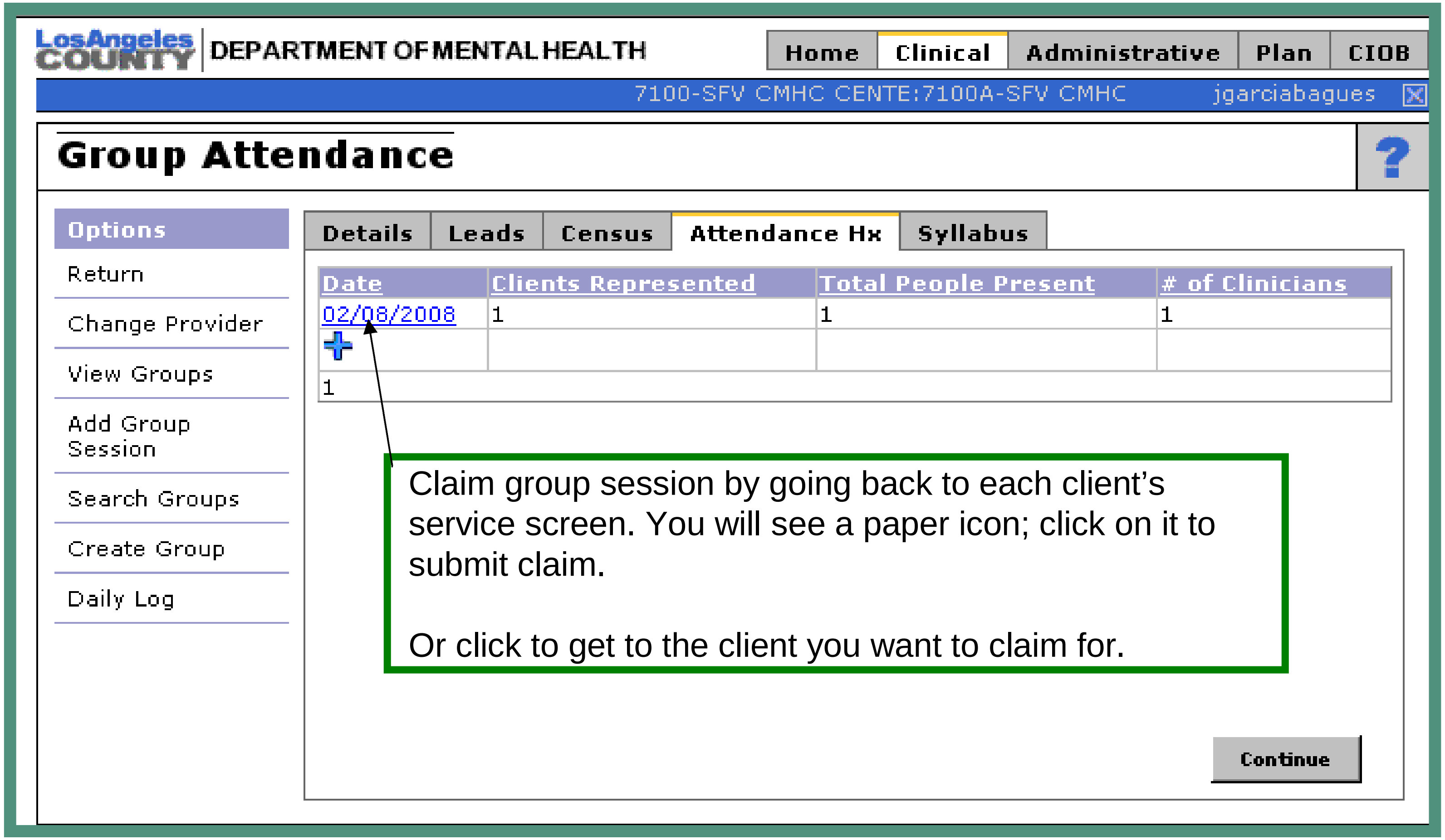


Add Group Session: Confirm



This screen summarizes who attended the session and for how long. Once you have confirmed the details, click OK to generate the service record for each client represented (in person, or by collateral). The service record will appear in each of the associated rendering provider's daily log.

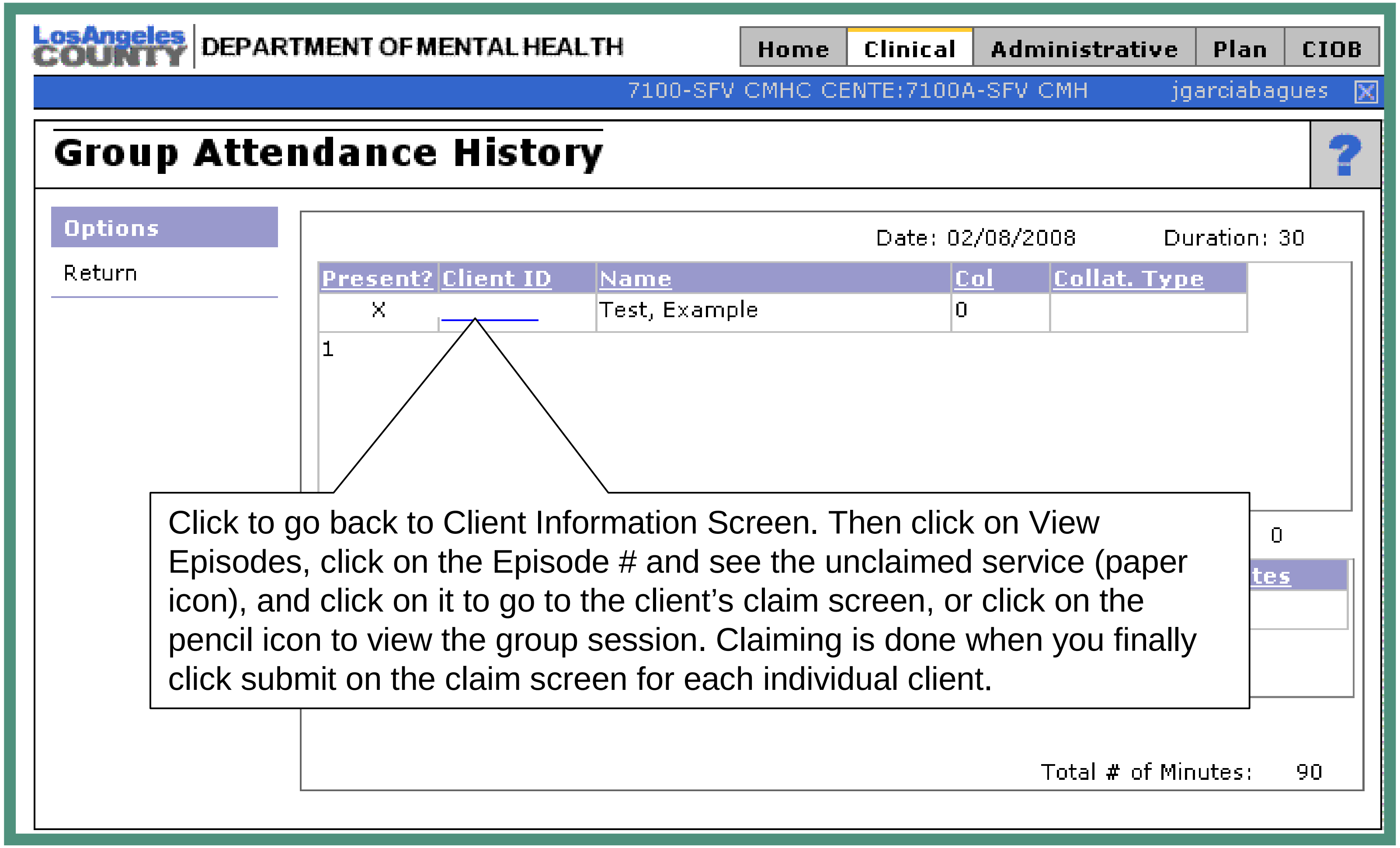
Add Group Session: Billing



Claim group session by going back to each client's service screen. You will see a paper icon; click on it to submit claim.

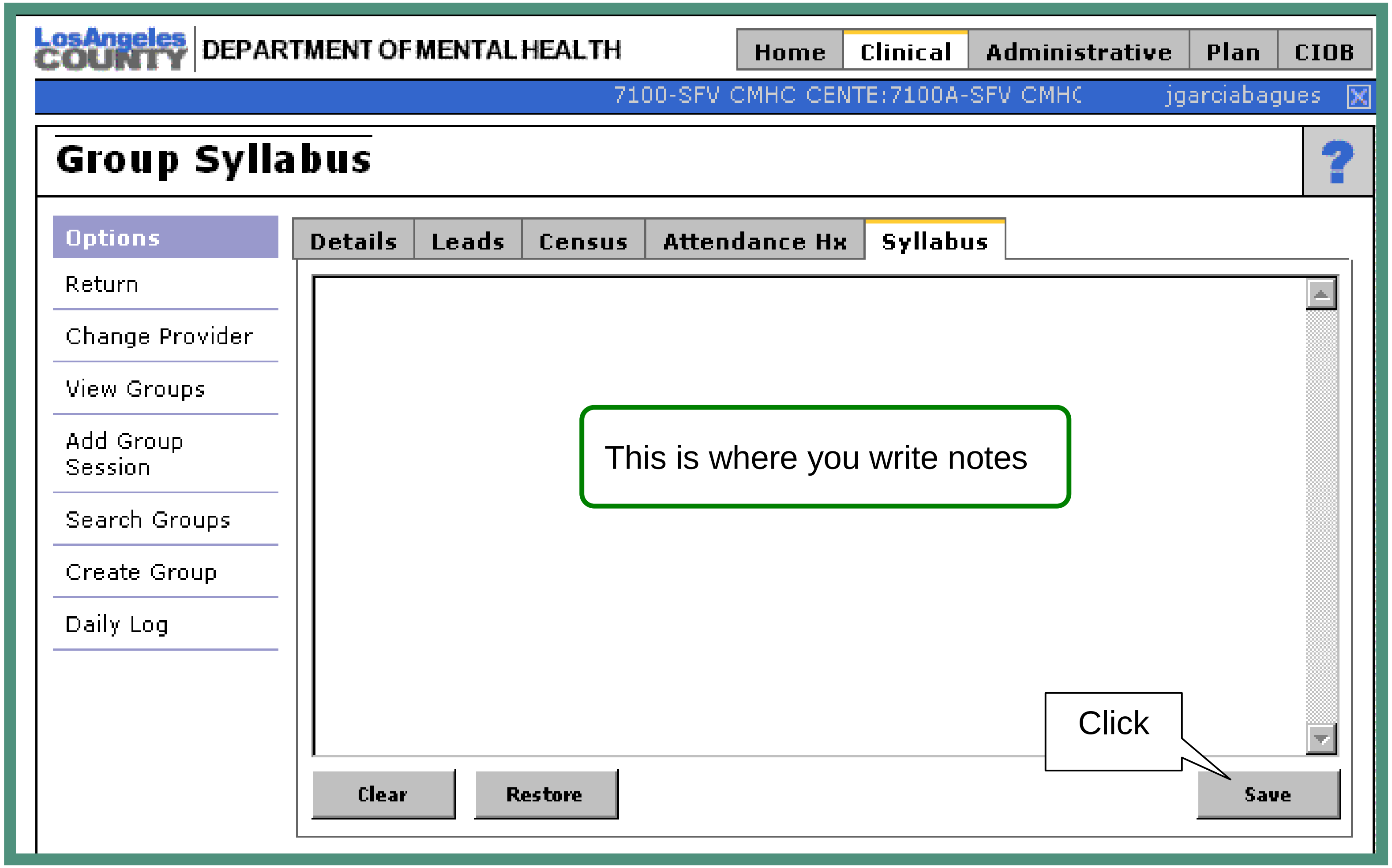
Or click to get to the client you want to claim for.

Add Group Session: Billing



Click to go back to Client Information Screen. Then click on View Episodes, click on the Episode # and see the unclaimed service (paper icon), and click on it to go to the client's claim screen, or click on the pencil icon to view the group session. Claiming is done when you finally click submit on the claim screen for each individual client.

Group Syllabus

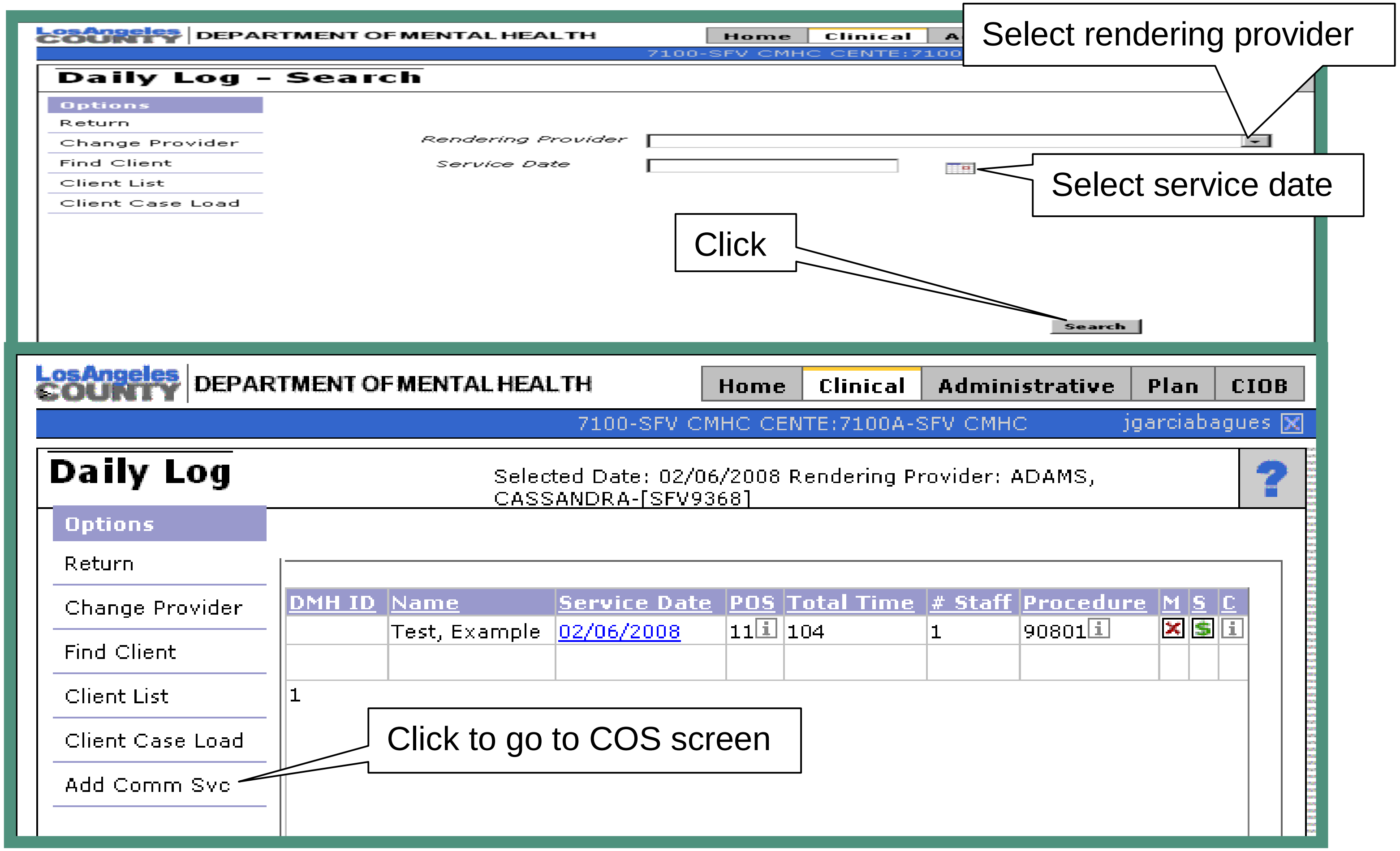


EXERCISE 17

Community Outreach Services (COS):

- Use the Daily Log
- Add a Community Service
- How to Edit Community Service

Using the Daily Log



Community Outreach Services (COS)

- Entering COS is fairly simple because there is no billing involved; it's just recording an event. Billing is done by sending an invoice to the DMH Financial Services Bureau. Run the IS 220 to see your COS on a report.

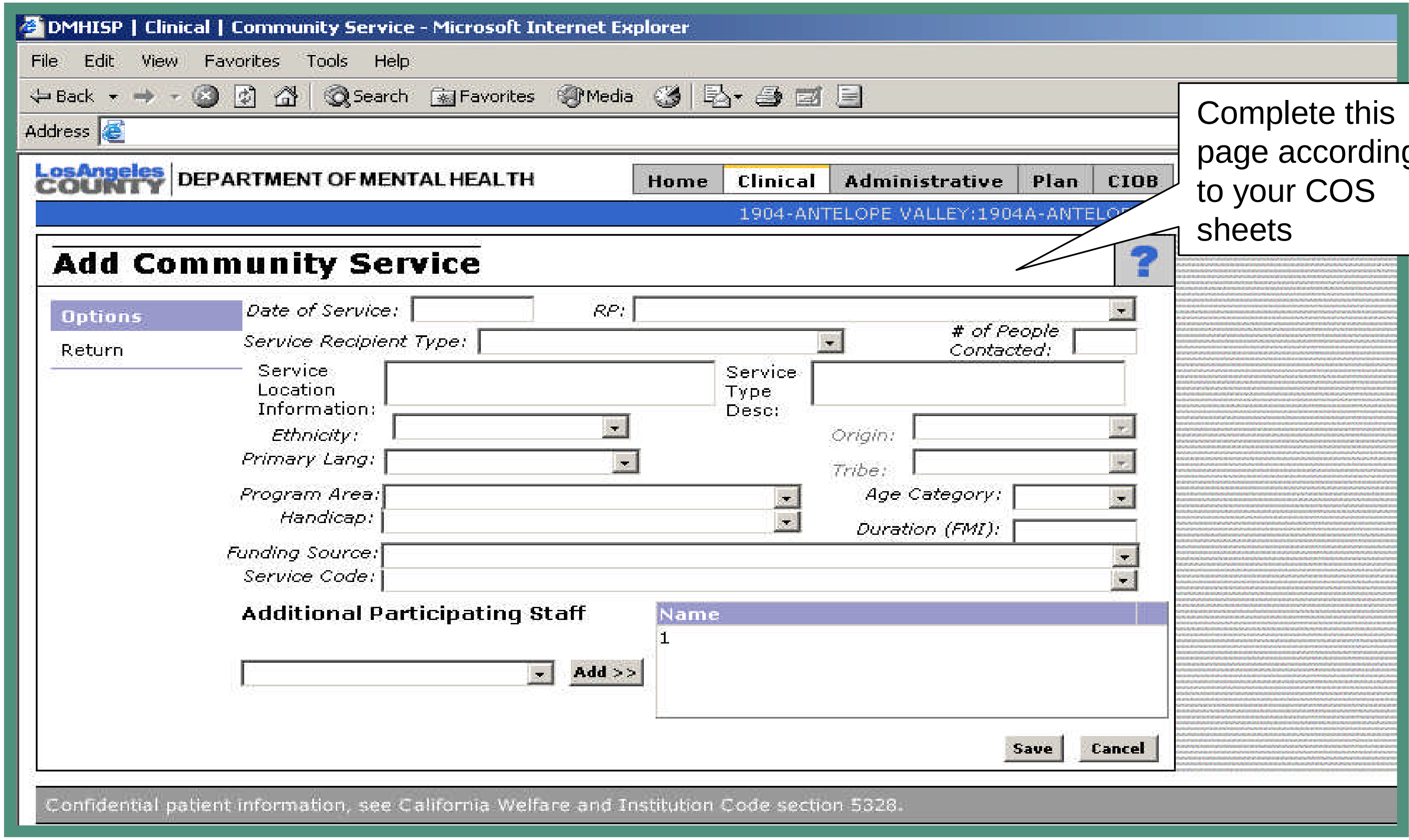
- On the Find Client screen you will see the Daily Log link under the Options menu.

- In Order to enter COS you need to click on the Daily Log link; this will take you to the Daily Log Search screen where you will select the rendering provider responsible for the COS. You then need to enter the service date and click on Search.

- On the Daily Log screen, click on Add Comm. Svs. under Options.

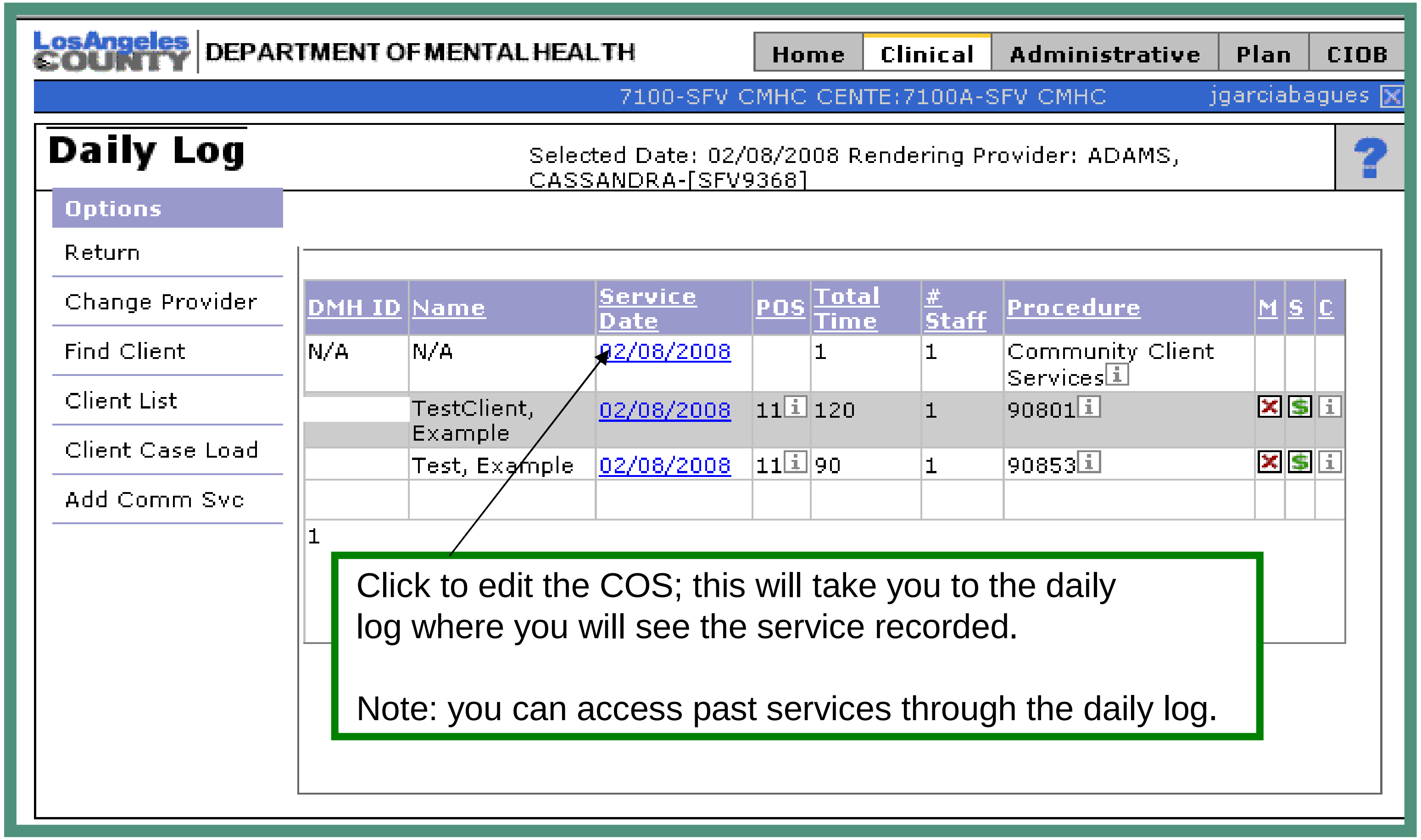
- The Add Community Service screen will be displayed. Start entering COS.

Community Outreach Services



Complete this page according to your COS sheets

Community Outreach Services



Edit Community Service